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No. 2150 Class 1

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Any person shall be entitled, under the regulations of the Atheneum, to the use of the Library and Reading-Room for one year upon payment of two dollars, and for six months upon payment of one dollar.

The books shall be divided into three classes:

1. Books of reference, which shall not be taken from the Library.
2. Books for circulation.
3. Magazines.

Two books only of the second class shall be drawn by one person at one time, and they shall be kept out only two weeks, but may be again drawn by the same person, unless they have been called for in the meantime, in which case they shall be retained in the Library two days for the applicant.

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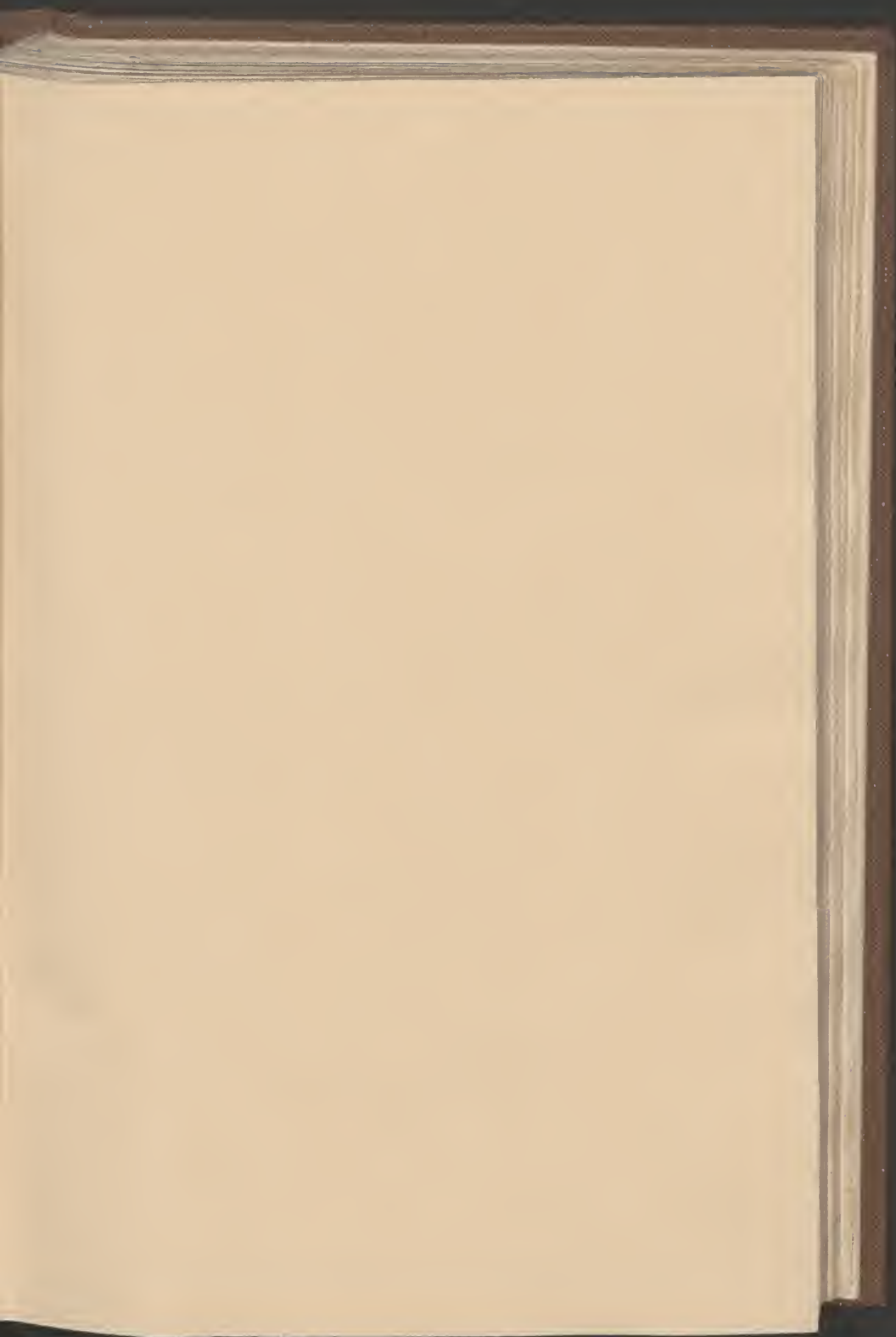
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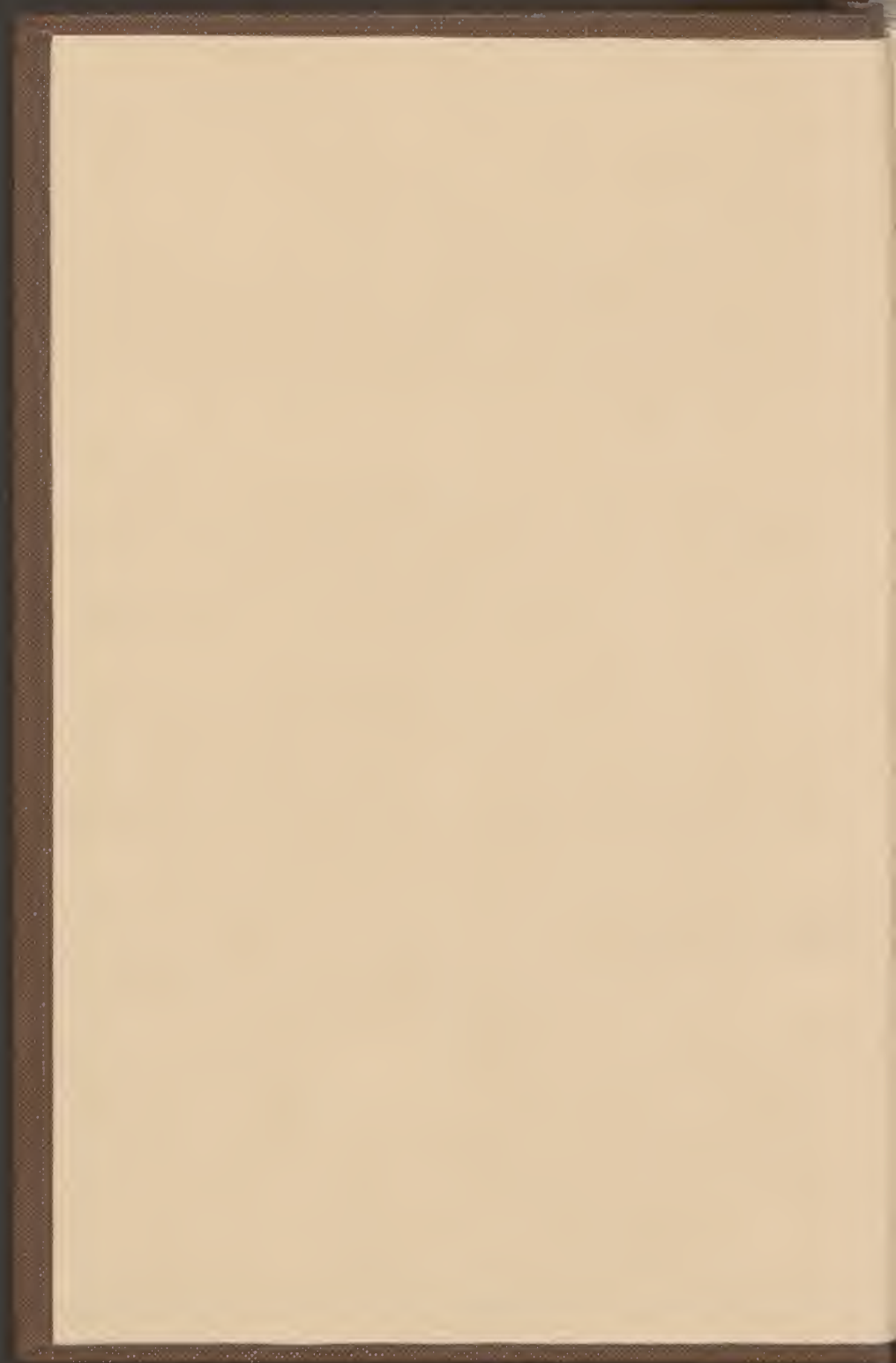
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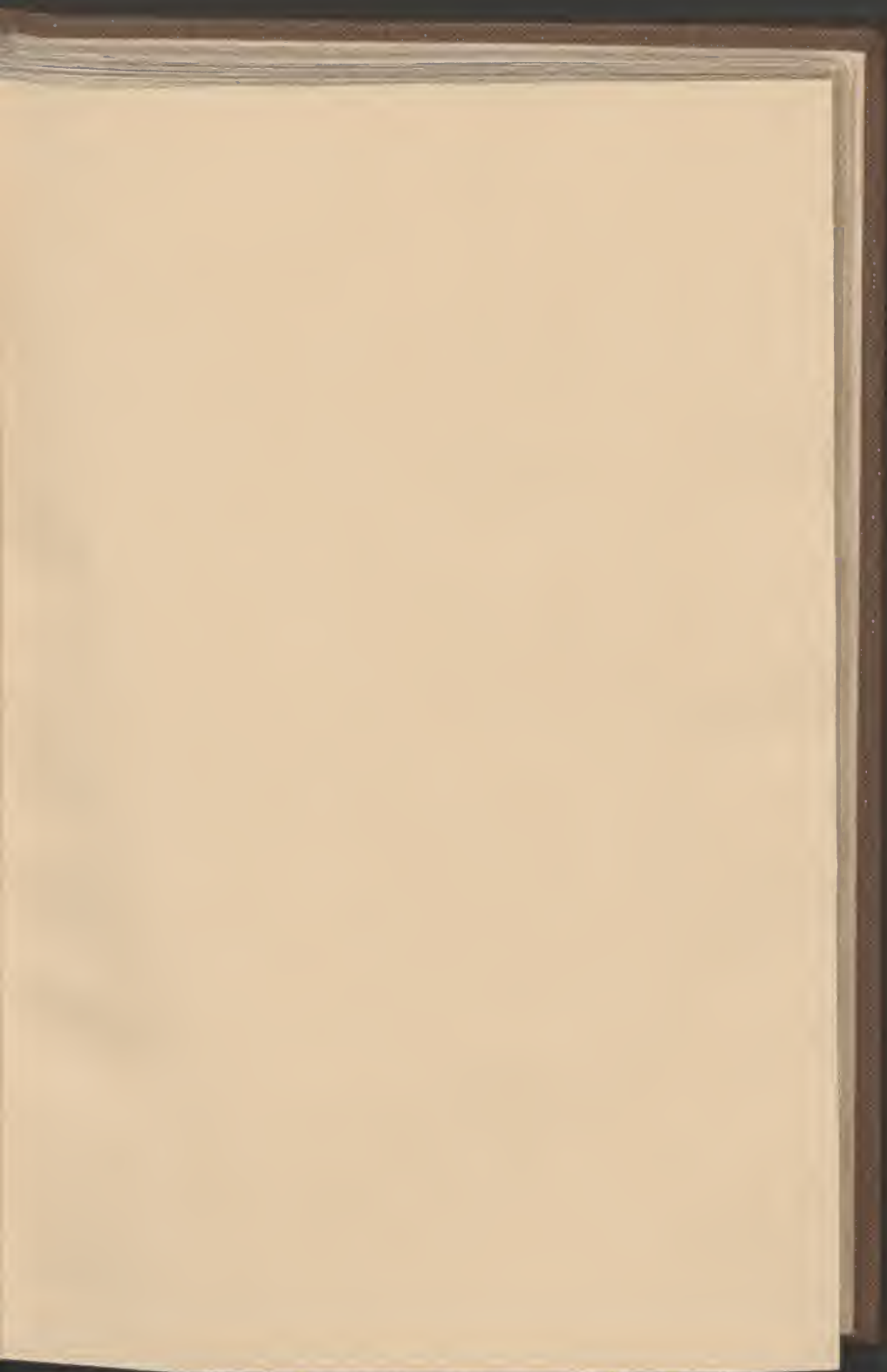
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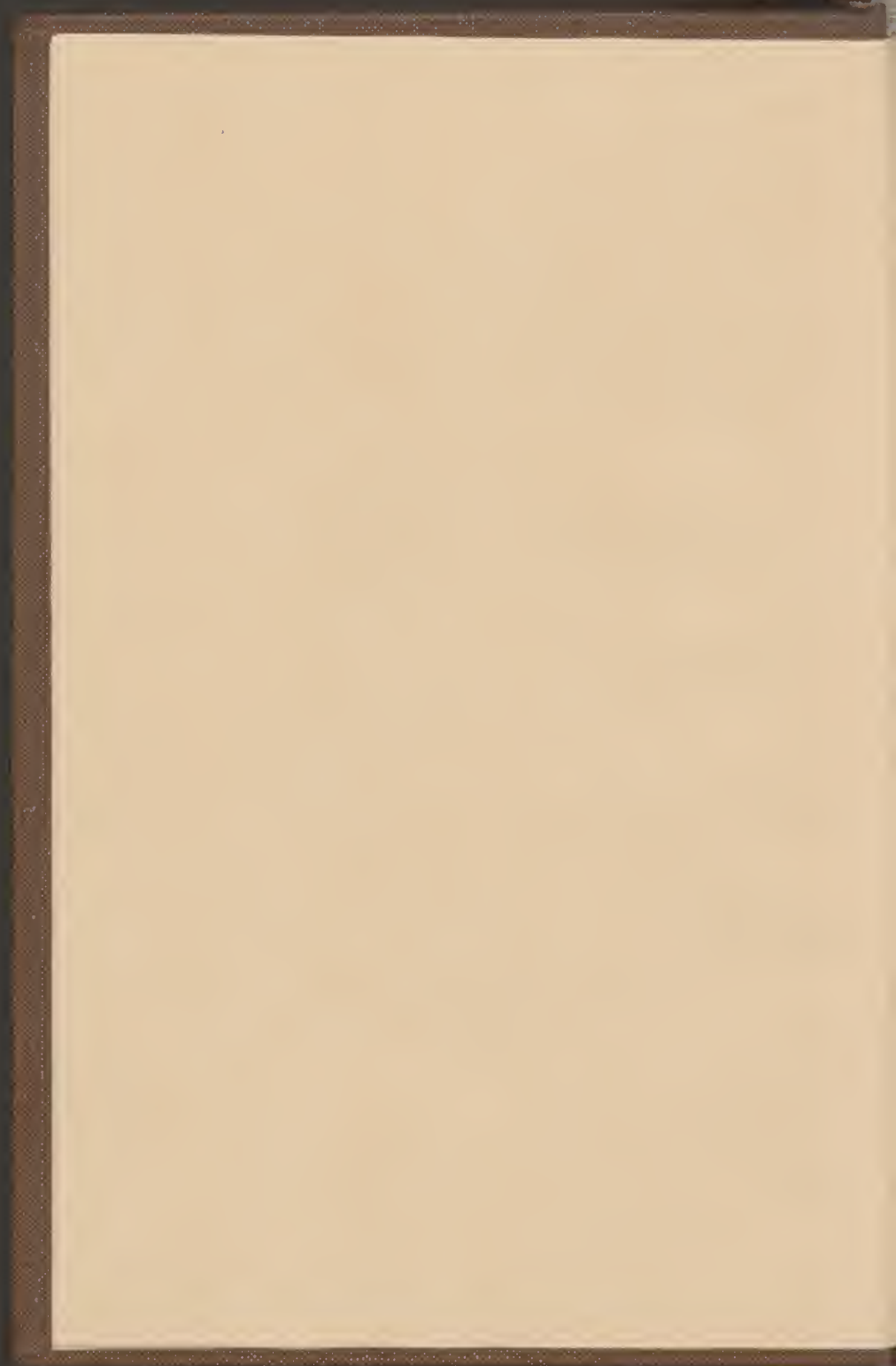
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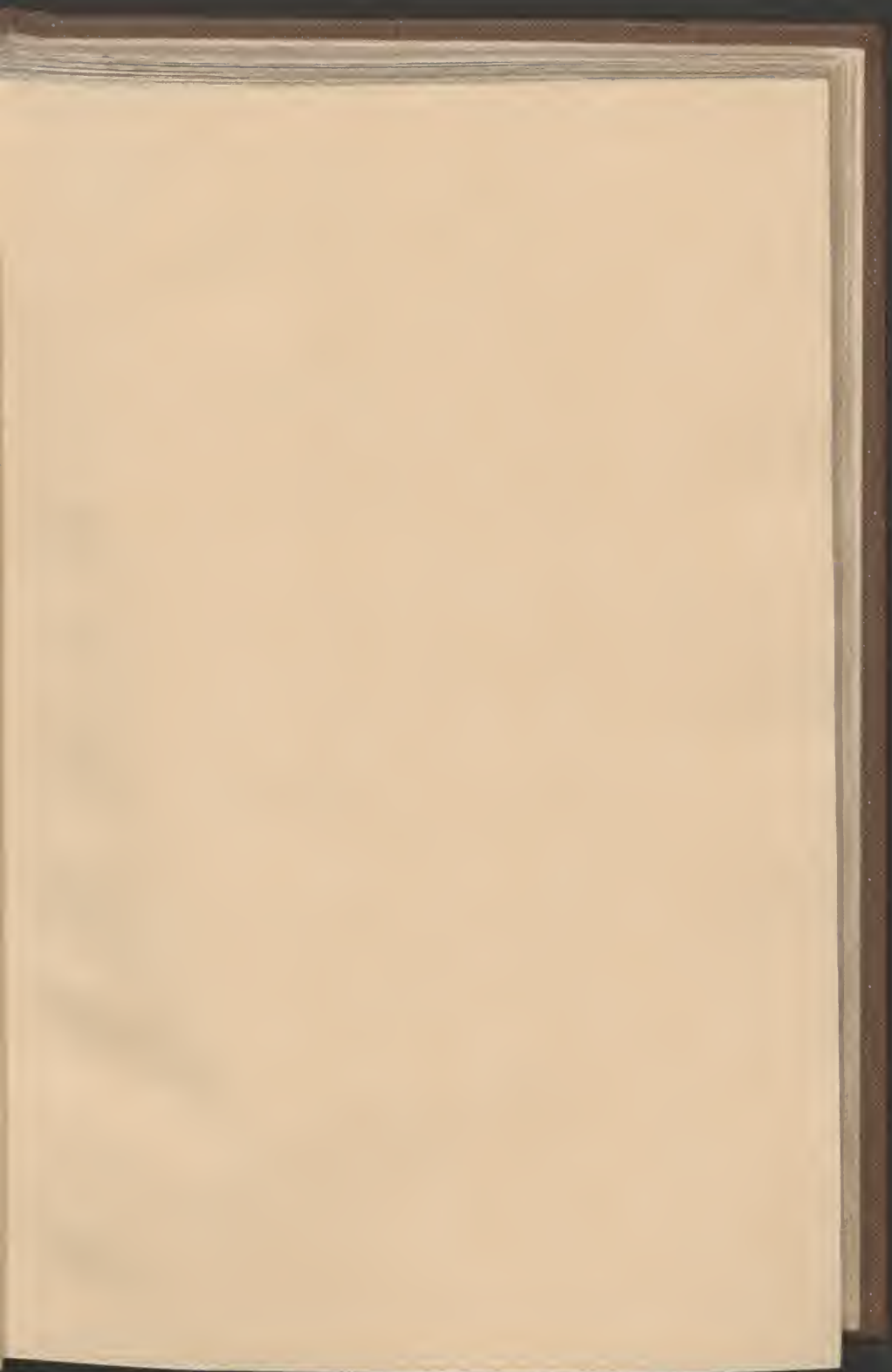










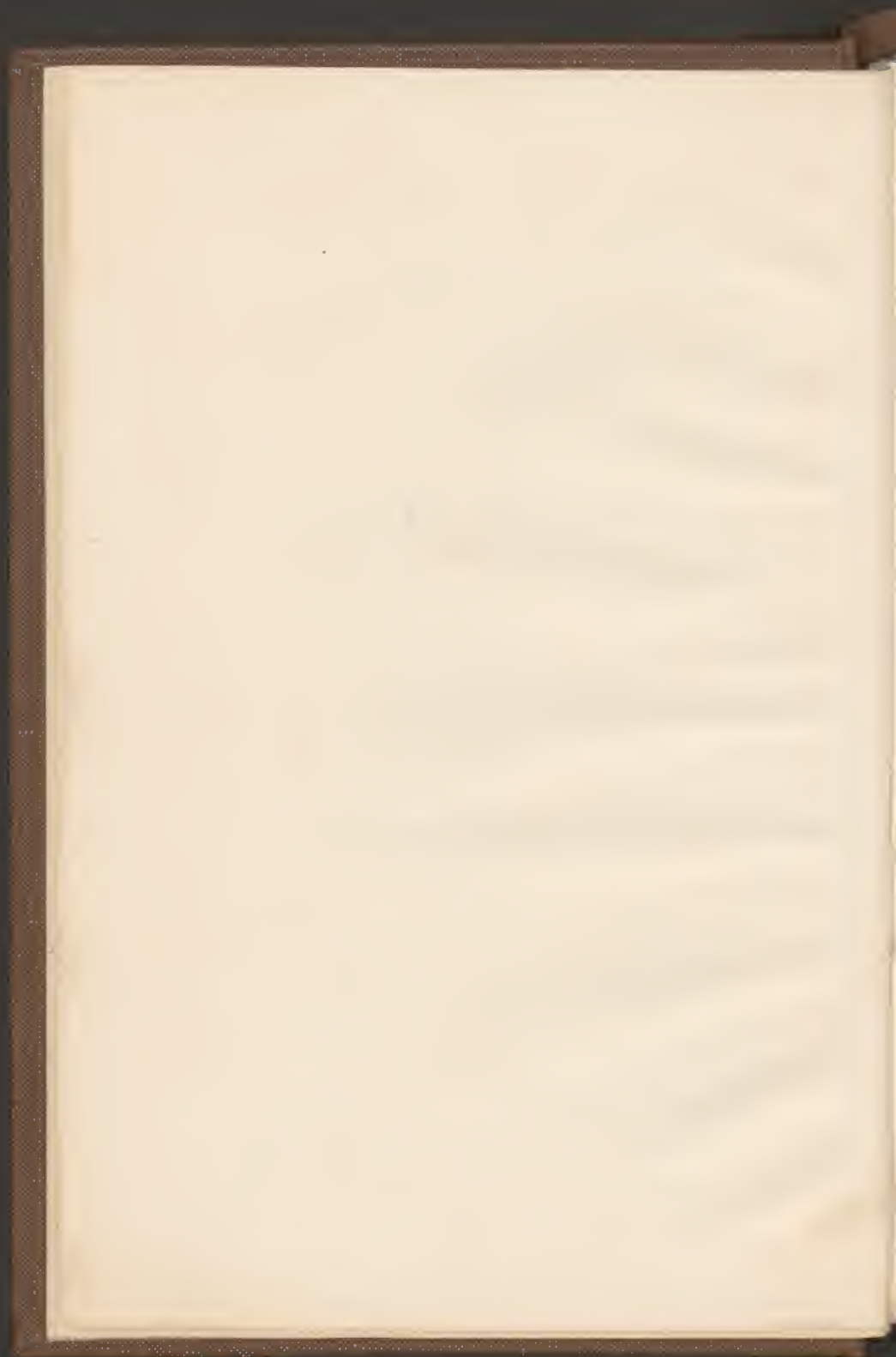


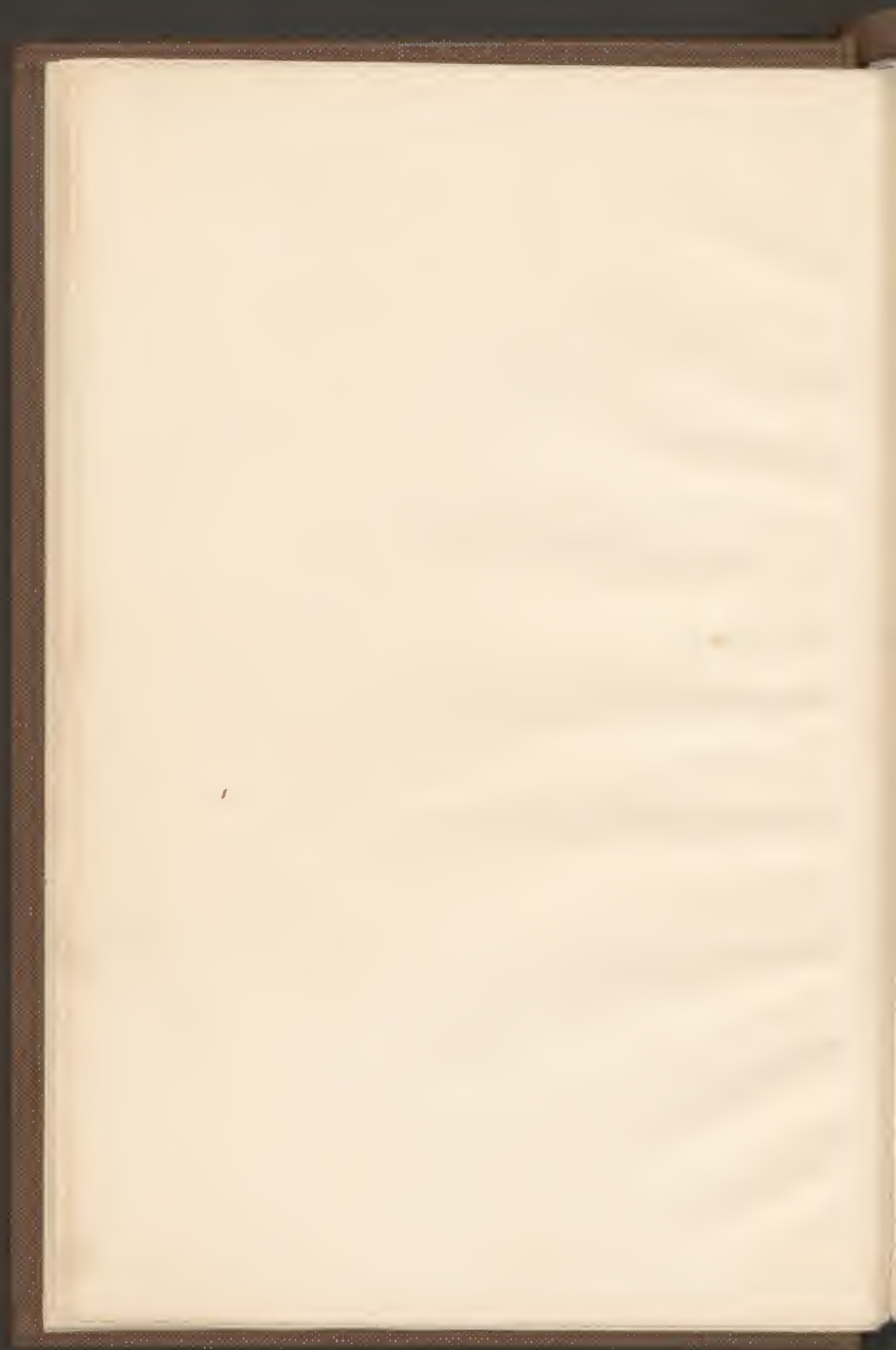


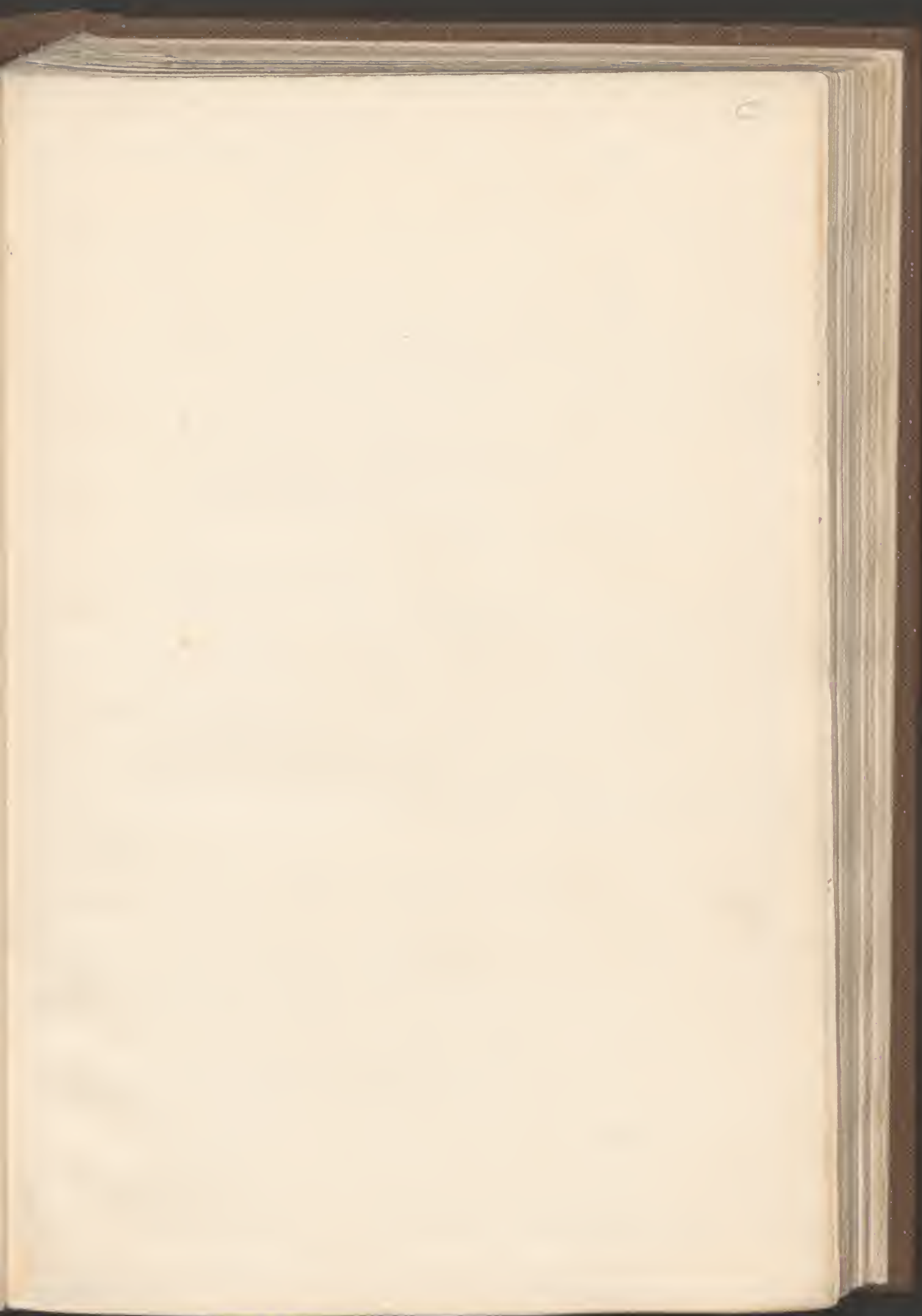
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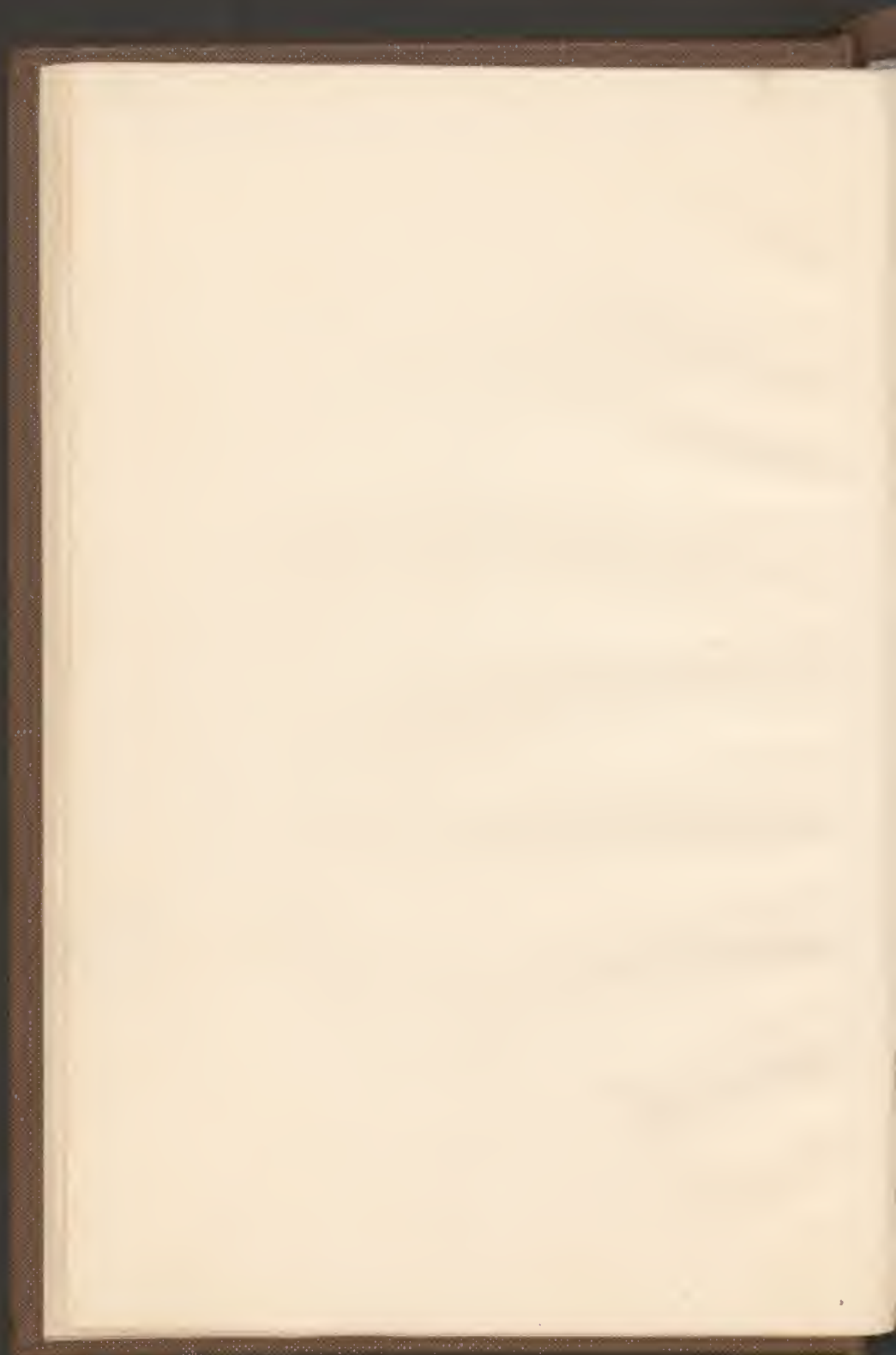
Malva
vestra
(1844)

Drummond
also (1844)









How far the same beamed

Dimensions of the pelvis 1st the superior
strait at the linea intersectiva was
5 inches, measured from the promontory of
the sacrum to the symphysis, is 4 2 or 5 in.
The transverse, at right angles to this, is 4 4 or
4 5 in. The oblique, from the sacro iliac
symphysis to the acetabulum a little shorter
than the last.

The inferior strait has ~~its~~ di-
ameters, not parallel to those of the superior
the oblique are measured by J^r of B^r
from the middle of the sacro ischial liga-
ments to the junction of the ramus of the ischium
3 probe

The axes of the strait

That of the superior strait is an
imaginary line from the umbilicus to about the
one third of the sacrum

That of the inferior strait

It has been thought that at a-
bout the middle of labour, the symphysis
is

Deformed pelvises

Every variation of shape does not constitute a
deformity.

But the pelvis may be so altered as
large in all its dimensions, and still be a
most deformity. The uterus remains in the
pelvis, pressing upon the rectum & bladder & so
often to confine the patient to her bed du-
ring the whole period of gestation. The delivery
also is the speedy & prostrates uteri, flaccid
and so. follows delivery. Care of the kind
the v.

2 Alterations in the shape of the pelvis
 occur always from rickets, malocclusion &c.
 See the cases, almost, which occur in this
 country are forced upon all but W.D. of the
 European skeleton & such women.

The diameter altered is
 almost always the antero-posterior dia-
 meter. It is laid down as a rule by
 Europeans.

The cavity of the pelvis may
 be badly shaped. the sacrum may be
~~too~~ too straight. It may also be too curved
 & thrust the point of the coccyx too far forward
 the coccyx also may be unchained. Bony
 tumours also may be exist.

Instruments have been
 invented for measuring the pelvis. Those
 which have to be introduced within the pel-
 vis are objectionable especially in young

Sandeloague's callipers are very accurate
allowing 2 inches for the soft parts & adding
2 lines for a fleshy person.

The hand & finger however
are the best instruments at the period of la-
bour. If the finger will not reach the
promontory of the sacrum we must be
sure that the antero-posterior diameter is suf-
ficiently large & the whole hand can be
introduced.

① Diameter of the head.

The long diam. is 5 in. from the occiput
to the chin. The longitudinal 4 1/4 in. from the
forehead to the occiput. The perpendicular
is the shortest.

These diameters may be de-
creased 5 or 6 lines - not 1.

The neck cannot be twisted
more than a quarter.

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External organs
Immediately below the clitoris

Menstruation

Commences at first after having been preceded by general disturbance of the health, pain in the back, hips & limbs, disturbance of the bowels &c. perhaps hysterical symptoms. During the continuance about 4 days of the evacuation a pale circle surrounds the eyes.

It is ascertained from the examination of cases of proctitis that the discharge is from the anterior gut, from the vagina.

In this condition menstruation commences on an average at the age of 14 to 16. The earlier the commences the earlier the cessation.

Conception

Main theories 1st that the semen is carried into the fallopian tube. 2nd

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Changes produced by conception
The cavity of the uterus enlarges and soon
a membrane forms on its inner surface
The ovum contained in two membranes, passes
down the fallopian tubes and pushes out this
decidua membrane

The fetus first appears in the crown as a
musculoginous cloud.

At the end of 6 weeks the fetus is about
an inch long and shaped like a crescent
or bean. At two months the fetus is 2 in
ches long. ^{about 1 1/2} At ³ months it is 4 or 5 inches
long external parts perfectly developed - the
genitals being large and those of the male
from their size rise above those of the female.
At 6 months the hair is visible the ribs
are felt in the abdomen - the relative length
of the ^{middle} and upper part of the body is greater
At 9 months the body is as tall as the head & the
skin is pink or red. The hair is
visible in the middle near the head than
the sternum length 16 in. weight 4 or 5 pounds
gall bladder contains bile so do.
At 9 2 o. middle at the navel length
19 in. ^{weight} ~~length~~ upon an average 8 lbs. with
as seen in France between 6 & 8 lbs. weight of
the male is 20 of the female 17 1/4 in.

The nourishment of the fetus is, dif-
ficult to explain. Probably it is like a vegetable
from the crown in the first place.

The most prevalent opinion at
the present day is that the fetus is nourished

1892. The blood after it has undergone the
change in the placenta. It is a fact, see
to prove that the liver changes the blood,
you see to a peculiar secretion - albumen.

Circulation of the Fetus,

The most probable opinion at present is,
that the fetal blood is generated in the
liver of the mother, is taken up from the
placenta by the umbilical veins, and carried
under the liver (principally) into the venous
cava - through the single heart back by
the umbilical artery into the placenta
again.

Signs of Conception and pregnancy.

Just after conception the features become sharpened the eyes are surrounded by a dark circle. The complexion pale. The most important sign is the cessation of the menses, but when the woman has become pregnant while suckling a child, the menses not having regularly returned, we cannot reckon from that period, but we can in that case reckon the rather from the date of the child which first comes ~~down~~ between the fourth and fifth month. The ~~sup~~ areola of the nipple is dark, and the glands in the Pectoral, sensation, are experienced in the breasts.

Morning sickness occurs and continues until with about 2 mo. of delivery.

By the fourth month the uterus projects above the pubis - is easily felt in a lean subject. By the 6th of the month will beat the navel. By the 7th about a inch above and the navel protrudes.

Generally by the 6th month the motion of the child can be felt if the hand is first warmed in cold water.

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By the fourth month the neck of the uterus is softer and shorter.

The size of the uterus is judged of by placing the left forefinger upon the ~~trigonal~~ space above the ~~superior~~ ~~inferior~~ part of the ~~edge~~ ~~of~~ ~~the~~ ~~5~~ ~~pres~~ ~~with~~ ~~the~~ ~~right~~ ~~upon~~ the ~~and~~ just above the ~~is~~ ~~will~~ ~~feel~~ the ~~pressure~~ of ~~the~~ ~~finger~~ ~~upon~~ ~~the~~ ~~other~~ the ~~woman~~ ~~with~~ ~~the~~ ~~standing~~ ~~position~~.

Prof. B. thinks gestation may be prolonged beyond the ninth month & that he has had considerable evidence of this fact.

Case related in which peritonitis was not appearing & coming on & by which it was found that all the ~~inflammation~~ which had existed, proceeded from an enlarged uterus which was reduced by proper treatment.

Natural Labour. After these
the face, to the sacrum and the scapula & the
pubis - where the fetus is, now in the 4th
stage it lies with nearly the
mother and child, the uterus does not move
3 stages distinguished 1st the os uteri is
dilated the cervix is ^{protruded} ~~protruded~~.

2nd the head turns into the hollow
of the os uteri - & presents at the ext. orf.
3rd the child is delivered

4th the secundary loaves are expelled

In the 1st stage we observe 1st the pains
commence in the back; then pass through
the pubis in some cases about the
thighs first. The pains are very irregular
in time. These great pains, which
last about 10 minutes

After the os uteri is dilated to
about the size of a crown the 2nd stage
commences the pains from being short & gentle
are protracted, with a sense of bearing
down violent - skin hot & dry - sense
of inclination to go to stool from the
pressure of the uterus on the rectum. During
the 2nd stage the os uteri, are ruptured

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In the third stage the perineum bulges out. It is a demand to get up for a stool. ~~It is a demand~~ is demanded it is a delusion sensation. The perineum bulges four or five inches broad.

Prof. K. puts his right hand upon the occiput, & l. left upon the perineum. The degree of pressure by the fingers of the left hand. & exists with the right upon the occiput of the child. The sacral little is at the top. The sacral tubercle does not mistake this for a portion of perineum. The sacral tubercle occurs frequently and is perineal to the mobility of the tubercle.

Gathering of the water

This term is applied to the bulging of the water on the perineum which is coarse, in portions, or many pairs of openings of some water in collection.

False pain

Can be distinguished with certainty by the effect of the pain, upon the neck of the uterus. The pain, should be no pressure upon the neck of the uterus, no dilatation of the os uterine. Sometimes, you can pass your finger into the uterus, as a feel that the membranes do not become tense by the pains.

After these false pains, appear to be called 'caused by excessive action of the child' - enquire about this in true labour the child has little or no motion. To relieve these false pains - After bleeding give opium. The labour may be a month or two distant.

It is of importance to understand the progress of a real lab. thoroughly. Examine during a pain - in the intervals the woman may sit or walk about. Keep up her spirits. Make no certain prognostic as to the time - or at best fix a distant time so that the labour will fall within it. We are often much obliged to introduce keep out of the room on this account. Suffer no one ^{to} attempt to

Leave the woman after to allow her an opportunity to pass water. During the last stage let her be dressed by the nurse. Dress the woman in a loose dress with her limbs tucked up under her arm.

Prepare the bed by first making it up as usual. Prepare the lower part by covering & protect it. Let the woman lie on her left side with the knees bent, her feet again at the head of the bed post, tie a handkerchief or towel around the other bed post for the woman to take hold of. Some recommend other efforts of the woman, but Prof B. is satisfied of the advantage of the only assistance rendered should be pressure on the back.

The French lay the woman on her back. Some, for a sitting posture. But after all capable to change the position for particular circumstances - cannot the chair often situate

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Try to rupture the membranes
It will generally be sufficient to press
hard on the membranes with the end of the
finger - the membranes will rupture them-
selves. If necessary scratch the mem-
brane with the nail. If the labour
is very rapid rupture the membranes
yourself, that the waters and child
may be delivered at once
and safely, the uterus too suddenly.

Rather harder than before after the
passage of the head - one arm will enter
the shoulders and another the hips.

Generally as soon as the head is
born the child cries. First feel the
pulsation of the cord. If the child does
not breathe - when the air is freely admitted
blow up its face - dash cold water or spirit
on the face & chest - rub it at first
with a dry cloth - with a moist rag.

Clear the nostrils, if the child with the
fingers of the thumb gently into its mouth & if ne-
cessary press gently upon the throat to facilitate
expiration. It may be continued to -

some time keeping the body warm with hot flannels, all the while. Apply your hand or better your ear to the region of the child's heart //

At first the respiration may be very feeble & perhaps at first with long interruptions,

Other means, are friction, as on a, &c to the wrists & to the surface of the body.

Some children, after you have succeeded, have not stamina enough to support life. Dropsical effusions in the thorax may prevent respiration & the life kept up in such cases by the fumes, too held an hour. Prof. B has met with such cases, ^{but} only in children of hard drinkers.

Sometimes a child is a puerperal from long detention of its head in the passage. ^{1 1/2 oz to 1 oz} in this case, bleed from the cord & suck out the blood - ~~inflating~~ inflate the lungs also &c.

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Tie the cord as soon as respiration
is established, not waiting till the pulsa-
tion ceases, in the groin - we might have to
wait $\frac{1}{2}$ an hour or more

Tie with any sort of a string there
is no danger of cutting the vessels with a steel
one - A piece of wide tape is convenient
tie lightly, or the ligature may become loose
from the shrinking of the funis. Sometimes
the arteries are so firm that a ^{ligature} ~~band~~ will
not prevent hemorrhage unless the arteries
are pulled out and tied as a safety.

It is thought by some necessary
to tie both ends of the funis, but it is bet-
ter to allow the vessels of the placenta to
bleed, & thus diminish the size of the pla-
centa except in twin cases.

As soon as the child is born
passage over the abdomen - if it
is from head up to the scrot. For-
a time is within - if the ^{uterus} ~~uterus~~ con-
tracted a ball above the pubes, there is rarely
an abortion. Generally the pains
commence again in about 8 or 10 min.
When the edge of the placenta arrives

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at the vulva take hold of it, twist
it to so as to make a roll of the mem-
branes & thus no part will be torn
off and left.

Next attend to the comfort of the woman. If not too feeble let her be immediately removed to the bed she is to occupy.

Place several folds of cloth
upon the abd & pin a towel around
to give support, to procure relaxation
of the uterus & her overage, & for the
confort with patient.

The patient will not be very comfortable & happy, but soon come on the catarrhs by which the coagula of blood are expelled from the uterus,

But her woman escape with a few pails

There is no one we have already had. Children
are unreliable to the

Eryst administered during the labor &
prevents or diminishes the after pain. Prop. 13.
then after administered generally ginger 5 qts, applied

Vol. 10. *Diagonal* 21st

- also a portrait in a pillow case - of ar.

Lochia, & loam

The ~~the~~ pains are generally much increased when the child is put to the breast.

Until the 5th or safer still, until the 7th day, when the lochia less in amount, keep the part on paraceta, arrow-root & not giving cordials, in the old fashioned way.

Let the child suck immediately to draw off the colostrum, to prevent swelling & infl. of the breast & retraction of the nipple, which prevent it from sucking.

The child however, the sensation is so apt to lose the instinct for sucking.

By the 3rd or 4th day the lochia should be washed off from the external parts, - and as for the per vaginæ - castor oil or magnesia should be given. The bladder must be attended to. if necessary, apply a fomentation of onion, or if such things fail introduce a catheter.

2^d The lochia comes on about the 3^d day
The lochia ceases about the 5th day
ultimately ^{the discharge} becomes of a light
pink col. The diminution of the
discharge is looked on as a good symptom
unless it very

If excessive, astringents, as port wine
liq. ter. japs.

Ultimately give a pill of op 5 ac. pl.
aa ʒj gr. once in an hour or two.

If this is not ~~necessary~~ sufficient inject
ss. pl. into the vag.

When the discharge has a cad-
averous smell, is greenish so wash
out the uter. with detergent injections
such as lime water & milk deco-
ction of oak bark &c. - support the
pat.

Introduction of the Catheter

During labour the neck of the bladder is often elongated & you may have to pass the catheter directly upwards,

Not attend to the Child

Be careful that the room is so warm that the child does not take cold

Keep a cloth warmed at the fire against the back of the child

The body of a new-born child should be cleansed of a white mucus, substance which resembles blisters, by rubbing with hard & wiping with a soft cloth

Then the child if vigorous, may be washed with soap and water

Others after rubbing over with hard sponge with wheat flour or starch

The first of these is the
 fact that the system is
 not self-sufficient. It
 requires a constant supply
 of raw materials and
 energy. This is a major
 problem for the system
 as a whole.

The second problem is
 the fact that the system
 is not flexible. It is
 unable to adapt to
 changing conditions. This
 is a major problem for
 the system as a whole.

The third problem is
 the fact that the system
 is not sustainable. It
 is unable to maintain
 itself over the long term.
 This is a major problem
 for the system as a whole.

The fourth problem is
 the fact that the system
 is not equitable. It
 is unable to provide
 for the needs of all
 people. This is a major
 problem for the system
 as a whole.

The fifth problem is
 the fact that the system
 is not secure. It is
 unable to protect itself
 from external threats.
 This is a major problem
 for the system as a whole.

in the end by

The belly band is a piece of flannel
passed about ~~a~~ twice round the belly

For when the child will not bear the
operation to be dressed, from fullness.

If the child grows cold, wrap it up in
flannels dipped in hot spirit.

Or a
let those children who cannot bear to be dressed
let them be wrapped in flannel &
kept in warm place

If the meconium does not come
away within 12 or 14 hours, give molasses
& water, or honey and water - if these
fail give a teaspoonful of bland castor
oil

Look out for retention of urine
for it is a sign of imperforate hymen

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or from the mouth of the nostril, whether of the male or female being closed up with nuxes, - a short distance down a probe. a short distance

If the child must be fed, give
one with 2 parts water, 1 part sugar
and not too sugar - or if it is re-
quired to be more purgative, with
brown sugar

Preparation of food

28. Every day for the last fortnight
I have been out of bed
I am well & happy

Every day for the last fortnight
I have been out of bed
I am well & happy

Every day for the last fortnight
I have been out of bed
I am well & happy

Diff. sub. 1st want of relaxed
= lebrile state don't give stimulants

2nd want of action Eryth 13th 3rd 3rd
water - infusion - little eff. ever. 5m.
The pains of Eryth are distinguished by their incessant continuance

3rd too early rupture of morbid - e.g. sudden exertions, lifting - sometimes probably too weakness of morbid - e.g. the doctor's are not - the labour may not come on for weeks & be easy

Attachment of placenta to ovar or uterus may be 2 species, from frequent & too
tendency of examining while the blood is flowing - if the flow has ceased the finger will break the blood vessels & perhaps bring the placenta down

When the uterus is sufficiently dilated to admit the finger - the placenta may be detached - take care to distinguish it from coagulated blood

When we cannot tell (early in the progress say 9 or 10th mth) about the Cause treat by antispasmodics perhaps apply cold to the lower belly - Signs of death by 10 days with great labour repeated twice or thrice in 24 hours it will be the case in bad cases, or even continued for several days. If this fails, put the patient to bed in a warm water bath, is very successful. A strong friction between the shoulders is most effectual. But the best remedy is a plug of olive oil

a piece about 2 oz. in weight - made smooth
and passed up. - Then operate, as a local ana-
esthetic, & the coag. of blood stops up the passage
also. It is usual to tie a piece of tape around

When the place to is over the os uteri, the
catheter will be retained in by a flow of blood.
If we find the os uteri dilated or dilatatable,
so that we can introduce it, (and we should
immediately pass up the band and break
through a part of the per-
centa. After the breach of the c. is
down it will plug up the passage.

It is to the use of ergot ex. has been used
in the treatment of the hem. by proper appli-

cation or may be used before we can know
the exact cases use the tampon - plugging up
the vagina. A sponge is very good. It will
have the effect. Small tampon - intro-
duced in small pledgets. Hold on to the
tampon, ergot gives ergot allowing the tam-
pon to insert while hands are on and check-
ing it when they are off. (Case related
after for 2 or 3 hrs. for ergot child dead
or other given)

In other cases, we may employ ~~iodine~~ pro-
cedure the early and afterwards time - ?

Instructions

Forceps apt to be delayed too long
 Prof. D. recollects occasion when they
 were used too soon

Smallest instrument consisted in
 carrying the clamp, ~~the~~ The blunt hook
 is now put upon the end of the handle

Place the woman - left side (English)
 - back (French) the back generally preferable

Empty the bladder & rectum previously
 Keep the instrument in a basin of
 warm water before using them

Always apply the forceps on the sides
 of the head and over the ears so as to embrace
 its head & its oblique diameter over the
 cheek over the ear (occipital & lateral diameter)

The pressure of the forceps lengthen the head

When each blade has been properly applied
 the male part of the point, readily a loss of
 female part never lock ~~with~~ force the
 forceps by means of force

Head being in 1st position

When the male blade is in the left hand introduce
 it along the face of the right (with a

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manipulation) carry it blade up to the center of the ear, opposite the anterior fontanelle for the sagittal suture. It has to be felt, ^{because you give a fold of the pericranium with entering} do not be careful about getting as in the instrument. Introduce it

other blade with the other hand, in the same way.

Draw & were from side to side - when you extract.

If the head is high up, draw down, in the first place.

Bring the occiput out first
Do not hurry but let all alone, do what it will to expel the child

The positions for the use of the forceps are
1st vertex to the arch of pubis

2 the reverse - fore head to arch of pubis

3 vertex to the left foreman ovale i.e. the head in the transverse diameter

In the 5th position the head of the male blade will pass near the right thigh of the mother & the head must make its last turn ^{after you fully restore it to} contraindicated when the occiput is at the arch of the pubis while you draw

4th the reverse of the 5th

7th head corresponding to the transverse

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character of the pubis - the male blades
pass under the arch of the pubis

~~As to the~~ ^{case} When the forceps are to be applied
while the head is above the superior strait,
— Prof. B. has never had such a case.

It will be better to turn and deliver by the
feet. The cases ^{of this kind} where the forceps sh^d be
introduced are it be very rare - if any

Shoulder presentation

Put one hand up and push up the shoulder
sufficiently to allow the introduction of the
other hand to seize the foot

It may be necessary after the child
is dead to bring down the hips under
the blunt hook

Locked or impacted head

Two positions, sacro-heretic & transversa

In the first case apply the forceps as before
In the second we are compelled to apply
them over the face & occiput

As a general rule the forceps
are to be applied to the head. Small
objects, then, for the pelvis. (This me-
thod, are better however for a living child

Where there is no want of action
Prof. B. would give ergot, instead of
the forceps

But where the mother, being
rigid, & exhausted by pain, & not re-
lieved, does all she can do - ergot will
not do good - the forceps must be
applied

When the face presents and you
cannot turn, apply the forceps over the
under the pubes, - as you extract turn
(the occiput being transversa) so that the
child shall come under the pubes

Vectors

Can be used for extraction. Can be used to hasten the delivery of the face - the chest is to the sacrum.

The vector is used principally for changing the ^{to the 1st} ^{of the} presentation, to change them to those of the head.

Breach presentation it may be worth while to make footing.

Blunt Hooks

Generally one is sufficient - if not apply of both - extract by a slow motion.

After delivery of the body of the head may be delivered - the position of the head cease - the child makes one or two convulsive movements - it will soon die if not soon delivered. Pass the finger up and gives the head an oblique direction which will facilitate the delivery. Use the forceps to hasten delivery.

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But in this case the vertex may be advantage-
ously used. Apply it over the occiput?

Foot & knee - knee presenting
- foot catching against the margin of the pelvis,
Not worth while to confuse the mem-
ory with all the varied presentations.

If the back of the neck side of the
face etc. etc. incline up and turn

Where the labour is very slow
& no part presents we may suspect
a bad presentation. It ~~may~~ ^{will} be ne-
cessary to pass the hand up the vagina
or above - if we do not find a head
body, we shall have the hand first
belly etc. Proceed to turn after
the head or body is ascertained

Respirator gezeichnet

1st of the case, where the patient is too small
a case which does not often happen in this
country.

4u may be kept in no-
-ture 3 1/2 will be shown
? may be delivered alive by the forceps

A patient of Dr. Hutton, was, delivered
when the dist. ~~was~~ 180 mch. caused
by molline ~~case~~. By means of cepha
lotomy she was delivered & recovered, after
having a fistula communication between
the vag. & the neck of the bladder and a
cancer at its orifice

the perforation with the per-
forator then introduced and break
down the brain. The use of crutch

It may be necessary to measure first
each panelal bone - then the ground lab.
and care to keep the scalp whole.

B 4th where the head is unusually large from its size. Here we have merely to let out the water - and may use any instrument as a pair of scissors

Caesarean section

Dr. P. says, with a French.

He says the perforator is more uncertain and dangerous

The French forbids it when the child is alive

Retention of Placenta

It is now agreed that it ought not to be suffered to remain

Pass your hand gradually between the placenta and uterus, if the placenta continue, to adhere) detaching it as you proceed - pull upon the cord with the other hand - bring your hand away from the placenta - and not until you have felt the contraction of the uterus upon your hand. When Prof. B. has had an adhering placenta he has always found a mal. conformation

35
of the placenta or walls of uterus as calcu-
lous concretions, &c.

Hemorrhage may make it neces-
sary to detach the placenta immediately
hemorrhage a week or more after
delivery

Hourglass Contraction

- Generally about the neck of the uterus

Prof. B. has scarcely met with a case since
he has adopted the plan of waiting scarcely
more than 2 or 3 hours before bringing away
the placenta.

If it occurs - pull upon the
cord and at the same time insinuate
your hand up to the fundus of the uterus

Hemorrhage after delivery is most
apt to occur after quick, easy labors
- caused by want of tonic contraction of the
uterus

injections of a.c. sol. may be used
perine, &c. to detach the placenta

We use occ. also to inject cold

water or effusions tinct. into the
cord - this is powerful & effectual
probably

We must judge of danger
from the exhaustion of the part - not
from the quantity of blood lost. 2 pt.
or 1 pt. is generally lost in an ordina-
ry labor. Prof. B. always
has a plug of alum after delivery
of placenta.

Ergot. Prof. B. always uses it
but after delivery of plac. - It is apt
to fail. Where he has reason to ex-
pect hem. he gives it before the ter-
mination of the labor - It never
fails - & besides this it diminishes the
after pain.

If woman is in danger
use all your means. Carry
a piece of alum in your hand
into the uterus. Prof. B. prefers
this to a sponge of vinegar. He has
had to wait 15 min. before the ute-
rus would contract in the least - &
compelled to sit on her before it.

uterus, would expel his hand.

Concealed her. does not show externally - and the uteri become & distended with blood. We should never leave our patients until we have felt the uterus, usually on a line between the navel and pubes.

Inversion of the uterus,
Caused by pulling upon the cord - Said
also to take place spontaneously.

Prof. B. has seen but one or two cases.
The indication, are to detach the placenta
and if possible restore the fundus.

Symptom, very severe paleness, cold-
ness vom. Conv. &c.

Place the pat. on her back and
pass up your hand and endeavour to push
back the fundus. But if the fundus
is protruded through the os uteri - and
the dangerous symptoms result from the
stricture - perhaps all that it will be
in our power to do, will be to make the
inversion complete and then the
stricture - leaving a prolapsed uterus.

38 If immediately after delivery
the placenta does not come easily
apply friction so to create contraction
Gr. V. B. F. always creates contraction
of the uterus, by pulling and squeezing
from the cord. He finds this perfectly
safe. Prof. R. says it is also

Compound pregnancy
We can sometimes guess at it when
we are - In general we may find it
difficult to determine, from the large
quantities

After the birth of the first child

Labor is rather slow is a consequence
of the large size of the uterus and that
too with the first child

Pass your hand up the abdomen
to ascertain the existence of another child
If you find another child, conceal
it from the mother

The presentation is a precaution
to prevent ^{be} wrong in twin cases

If the pain, do not come on a-
gain within 2 hours - give opium. Y.

Presentation of the Cord

Goneter is a foot or a foot and a half
with protrusion. These cases are
difficult.

It is safer to attempt to turn
and deliver first. It is ex-
ceedingly difficult to return the cord
and keep it up. We are directed
to wrap the cord in a sponge or rag
and push up. It will generally
come down again.

Dr. Duvig's mode of using catheter
Prof. B. has not tried.

In some cases Prof. B. has
knew the a knot in the cord.

Deformed children

Give penetrating observations

Spines & hips, and head are im-
perfect.

Sometimes you feel
the bone, hardened, bony. Feels
for the bone.

A more serious cause is that of
hydrocephalus. Sometimes, the size
is enormous. Easily distinguished

by the finger. The ~~skin~~ scalp protrudes
like the membrane. By pressing
also you may feel the bone of the cra-
nium and may even push your
finger through the suture,

The Child is of course lost here
you may as well puncture it at once
with a lancet. In a case Prof.
B. let out a fetus.

Signs of a dead child

Goldys's tubercles like a agnus
when the child dies, Breast cea-

ses to swell and becomes flaccid

A secretion of milk comes on.

A night is felt falling when it
is on its side, ~~coming~~ not a child

When labor comes on the waters
are gushed - the mucus is evacua-
ted - even in a head presentation.

The scalp is flaccid, the hair comes
off. etc. Yet the only certain ~~child~~
sign is the want of pulsation in the cord

Rupture of uterus

By a fall, by violence in straining
or by forceps

Severe rending pain, cold clam-
my sweats, sickness, faintness,
anxiety.

The seat of the rupture may
be in the fundus, side or neck.

If the child has wholly escaped
into the abdomen, the difficulty is
great. Caesarean ^{seem} ^{much} prefe-
rable to delivery through the
rent. Cases ~~off~~ recorded of recovery.

Retention of menses

They may never come until after the
1st year with the pubertal elements
they should excite no alarm as long as the
other signs of puberty are waiting.

If the patient is robust let her
antiphlogistic treatment be followed.

But for the gentle nursing, accu-
sation of the so. prescribe exercise
show her the warm flannel clothing
Give tonics especially chalybeates

Blood root. Madder $\frac{1}{2}$ gr. 3 times a day
Quinine. 4 gr. 3 times a day. per. 100
- 5 gr. - also 1 pr. Doses much. Vid. Ell.

Blood root $\frac{1}{2}$ gr. Sulph. 3 times a day
also 5 gr. for per. 60. 2 to 3 in
24 hrs. repeating the dose with the
expectation the menses. This is the
most reliable remedy.

Blistering on the side of thigh, soon
of the hand. When applied a cure in a
part. 27 years old who had resided
in all remedies.

Blistering on the side of thigh has

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also been found to be official
the opinion of the best, and recom-
mended by the older writers

various, but also strong, re-
sponses in

It is, however, maybe caused
by other affection, e.g. phthisis
In such cases, but as long as the
cotton given

Suppression of menses
may vary much with the
health. The period may be
2 or 6 weeks?

The most usual cause
is the application of cold, e.g. p-
lour, severe pain with head back
and long, - phthisis, hysteria, etc.
High birth - anodyne injection
A.D. - means for the hysteria

We may thus cure the immediate aff-
but the discharge will not then be
made to return. The judgment
then - just before
the next period - is to give the

discharge

Chronic depression is to be treated like an morbid

Periodical discharges from other parts may take place and still be for the natural discharges. This may continue for life & be regarded as ulcer on an ulcer.

Excessiveness in quantity gives rise to the dangerous symptom. It should be treated like the ~~that~~ ~~is~~ ~~an~~ ~~ulcer~~

Excessive rest not so -
in the local as for the whole

There is no one agreeable

11 Cort. ir. ^{pulv.} ^{arg.} ³¹
Sarg. ^{in hand} 3 1/2. does 3 1/2. a small
each in full 100 lbs a day

46 Ovarian rocks Painful m.
Very distressing pains re-
sembling labour pains - pain,
relieved by the discharge gradually
caused by irritability & loss
of heat opiates by osce-
nas - diaphoretics
For permanent cure use the
last described pills. Tinct.
maic. Dr. Dureau has cured with
Prof. B. has often failed with it

Decid. on, or bones
Pain is relieved until the re-
frain is thrown off. (Occurs
in unmarried females, exact pre-
vents in pregnancy in the married
There is danger in the doses
of camphor 7 or 33 recommended
by Dr. Dureau Prof. B. has pro-
duced danger, convulsions by the
Electricity he, used repeated
primaries previous to the tumor
Use the emmenagogues in the

Decline of menses

47

A critical ~~discharge~~ period

Predispositions to organic disease
are most liable to show themselves
at this period. On the other hand
others are the restored health.

In some the discharge stops suddenly
in some it ~~begins~~ becomes profuse
or ~~becomes~~ ~~the~~ ~~discharge~~ irregular

Bleed 6 or 8 times repeatedly
Keep the bowels open with the blood-
root and ~~gum~~ pills. Stimulation
hardly ever admissible there is ge-
nerally a disposition to plethora

Abortion

① Taking before 6th month especially
between 253 & between 346. Keep
well back out. Roasting with
Liquor. Reaching high with the hands
tho, compressing the abdomen.
② Death of the fetus indicates the dis-
solution of all the signs of pregnancy
slowly of breasts &c.

If you do not know the fetus, take
read & procure it to be alive. I want
the uterus so. Ac. head some
time for her work.

Carta

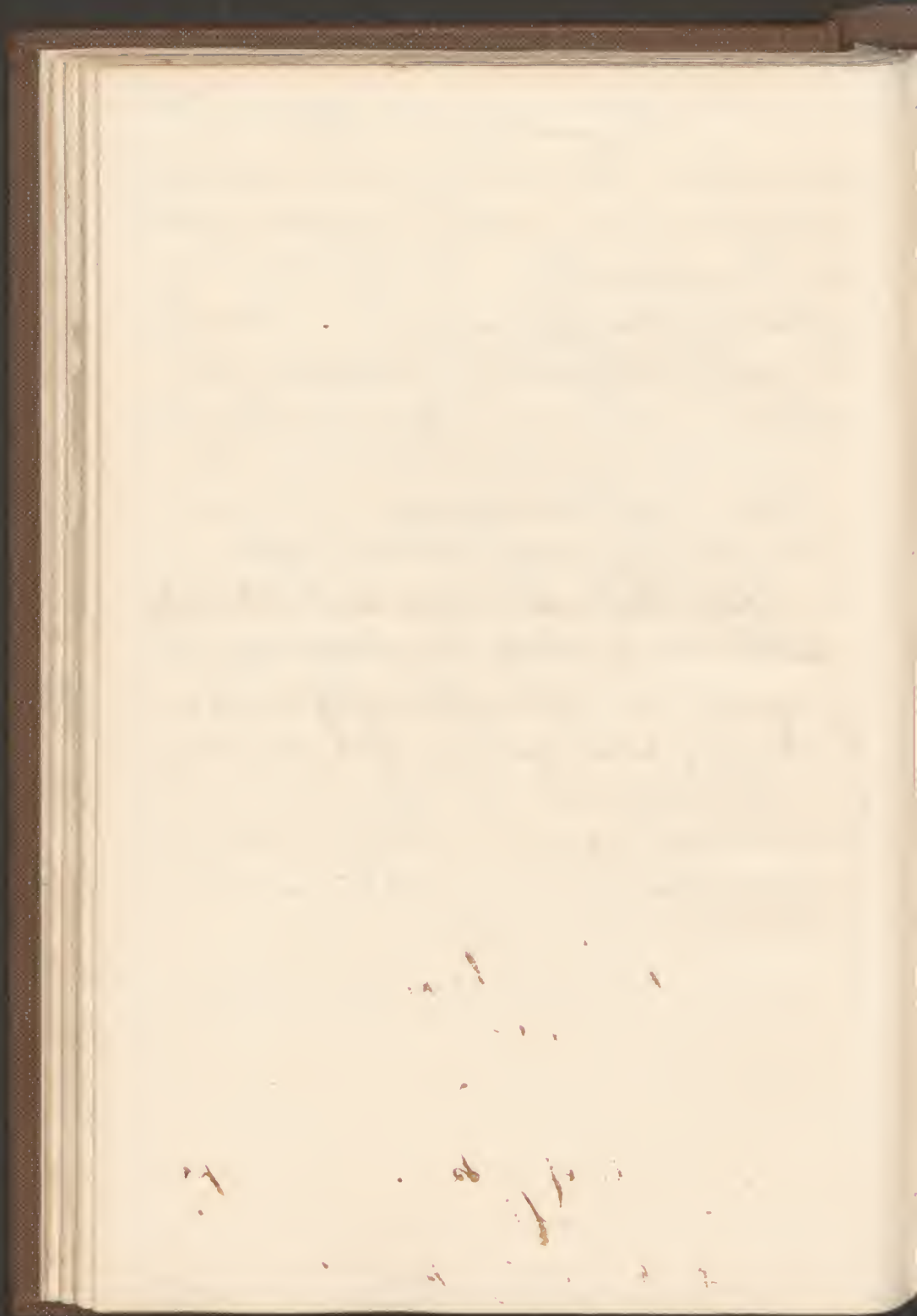
[illegible]

Green & fetid & large

1st. scheme of the last year

Canth. not important (P. Tully)
sulph. zinc & vit. oil. also valuable
as sort of test of the efficacy of canth. in
thickening and opacity of the discharge
from the vagina. It will not be neces-
sary to keep up even a slight straggling
of course we are not to force it.

at. int. best subject. for leg. to v.



Scaligeria uleri

One of the most common & true blebs -
 can plain, takes place at any pe-
 riod of life

Caused by relax. of vagi. - Ulcer,
 kept in place ch. it solely by vag.

Must con. cause Senecioidea
 Horn with large pelvis & v. c. limb
 by pelvis, weight, & mass, about
 6 in, &c.

It is always accompanied with
 Senecioidea &c.

Correct first by strengthening the
 vacuum by tubes, and get, rest
 some but produce

Look for Senecioidea, & that a c-
 on

Easily ascertained by examining al-
 or by relations of the pat. himself
 but no recedes the patient is
 his back. & is easily reduced
 in this position

4 lb. sol. of oak bark. sulph.
 1 lb. & c. after replacing the
 ulcers, & the vagi, put. & the back

Combine this with this, treat it

When it is called on when
the disease does not exist, is a
kind disease of the skin and va-
ginal. We do not find the in-
ter, presence of perineum.
Use the pessary.

When it is called on when
the disease does not exist, is a
kind disease of the skin and va-
ginal. We do not find the in-
ter, presence of perineum.
Use the pessary.

This disease may be over-
come by a change of position,
and the pessary. If the pessary
may be prescribed. Prof. B. has
known several cases of the disease
to the bed for years and the stone act-
ually prescribed to the pessary.
The pessary is a cure.

When the perineum is lacerated
the pessary cannot be used.

53

The 1st largest sized pessary is
required for either relaxation of
vagina. The oval pessary is best.

Place the iron in the back
- enter the pessary - press it in
- & after it is in, turn the handle

Extreme relaxation, requiring
a pessary with a handle
in its place by a (bandage)

Prognosis gives great con-
venience - pessary not to be used
longer than the pessary - and it
finds, size.

Retraction

Occurs generally between 3rd & 4th mo.
- fundus, is in cavity of uterus
- when stopped in its passage
- on pressing it down we do not
find the external neck of uterus

Distinguished from polyptus
- it grows slowly & is gradual
in its symptoms.

Quint of virus prevented.

Supposed to be caused by disten-
tion of bladder with urine

Attempt reduction
manually - pay no attention to the
danger of producing abortion
not aware of the urine

Attempt reduction by the fingers
to back part of the vagina
moving to push up the
fundus uteri. If we fail, place
pat. on hands & knees, - then intro-
duce a probang like inst. into
rectum - at the same time press
with the left hand above the pubes
the way almost always succeed

Case, of failure are recorded
And it is recommended
to use a catheter & syringe
to draw off the
urine, thus reducing the size of the
uterus

Anteroversion uteri.
Can never be a formidable disease
always be remedied by
of posture.

Terophorus, a large number of
 ulcers,

Resembles schistula, pain in
 neck back & leg, etc.

larger & less hard than true
 schistula - not extremely tender.

Can use a resorbable or of prog-
 nosis.

It indicates the general health is
 not much injured.

Prof. B. has known a case of
 gradual enlarging - symptoms ac-
 tive of breast & cessant of nursing
 closely come to fitting prognosis.

Probably, is very apt to
 occur with all its inconveniences.

Prof. B. has known one case of
 it, kind which continued 6 or 7 years
 unable to stand or
 walk. - Cured by the piece was
 to be removed - the piece
 is specific.

Irritable uterus,

The least touch cannot be borne
pat. Cannot sit or stand - are
lying merely palliated, not re-
lieved, it is pain. The slightest
touch cannot be borne
for days. Vagina ^{large a little swollen} natural & the insertion
Root - Capping - Counter-irritation.
Clusters - lip built - Cornu. of
uterus - narcotics - Clusters of
leucorrhoea, (well described by Dr
Booch & only by him) These are
treated from Dr Booch, American
solution was the most successful
remedy - & continued to be so.

Diseases of Ext. Org. of Generation

Staphylococcus of labia after coitus

be treated with potassium - permanganate
- purals - local application.

proct. gives great pain - discharges
fetid - blood & mucus & is very
irritable & is a source of much
Excretion, of leucorrhoea

Diaphanous - white. of ex. leucorrhoea

• cilsa : in t. sc.

Tharty increases not vene
rial cured by nit. silver.

Dropsy of labia - at prog-
nancy - almost as large as the
child's head

Pruriti, pudendi

very common - effluvia
just in the labia in t. itel.
May generally be cured by a wash
of nit. sil. or corr. s. l.

hyp. plac. to hyp. + great ela-
gation - but not with it,

In perforat hyp.

It is always congenital & dis-
covered by the nurse and will
generally yield to pressure of a
probe. If it knife is used be
very careful to keep a tent in or
a second operation will be needed

Rupture of perineum

Occurs during labor

Keep the bowels open to prevent the dis-
tention & irritation by passage of
hardened feces. It will generally
heal up. It has but opera-
tion is said always to have failed
Treat by palliation

Small vagina

May be caused by severe labor
should be prevented by after de-
livery

Let too decrease any sponge
after a few days & larger one

Prolapsus vaginae
- dilatation of a pessary

(united) is seen in a
Probably a ring, has at the
Days in file a with a spongy soft tissue over
bleeding with thickened blood Disappears
at death

The cause is unknown by the blood
whether a benign or malignant or benign
Hydatids are clustered vesicles,
like a bunch of grapes. You can tell them
as they form in all parts of
the body, in the organs & sometimes in
the blood itself. They are
formed by the development of the germ
the hydatids. They are found in the
lungs, liver, spleen, & other organs.
They are found in the blood, & in the
organs. They are found in the
lungs, liver, spleen, & other organs.
They are found in the blood, & in the
organs. They are found in the
lungs, liver, spleen, & other organs.

The organs are the seat of
perforations, rather enlargement of
cavity is present

Complicated Dissection
Complicated Dissection
with several tumors which gradually
enlarge and as they enlarge the matter

some more enlarged - smaller the
bulk may be a great deal as it
from which it is distinguished by
the presence of a circular scarred & a greater
thickness of a segment which
is more and goes hard

Concave by the sides near
hip
& goes the weight little except
from the bulk

Entirely out of the reach
of constitutional remission.

By the there are several dis-
tinct vesicles upon making
an puncture in the tumor
most diminutive galleged in size
Case - Prof. B. drew off only 1 1/2 pt
at the first tapping - it ~~was~~ ^{the next} tap-
ping immediate, after 64 pounds
were evacuated

As a fact that the coats
of the tumors are nearly as
thick as the walls of the grand u-
terus

Cancer of uterus

During pregnancy bearing down -
pain in the uterus - General
health soon affected - Com. to be
sallor so.

At last hardened & passed
on it cause, lancinating pain.
Hard knotty tumor over about 4 or
5 in. & in vagina. Menstru-
ation irregular & is abolished by
her treatment.

Distinguished from scrophulous
enlargement by knottiness irregularity
& hardness. Also Cancer rarely
comes on till after cessation of men-
ses. A. Cooper never saw a true
carcinoma under 36 years

Treat at first as if I had
mistaken the disease as a proserber
for scrophula. Afterwards
diet - give light non rising food
keep bowels soft. Attend to
cleanness - discharge being intoler-
ably fetid - inject hygienic
infus. - Wash. Corr. ant.

3 grs. to 1/2 of lincolno
Dose. 2 grs. very useful
Extraction of line for the rectum
Retention discharges by ac. lead, sul.
~~and~~ zinc so. injected

Operate

Diuretics - especially those which re-
act on the urinary bladder - e.g. uva-ur-
si - gaultheria so.

Polypus of uterus

Frequent discharges which exhaust
the patient. Hence necessity of man-
ual examination. Where we cannot
relieve frequently, retention, discharges
are apt to suspect polypus.

Generally, in the cavity of uterus
after it protrudes into the vagina or
out of the vulva. If attached to the
neck of the uterus - neck will
be found passing directly in the
direction of the uterus.

For when they are attached to the
cervix of uterus, or to the vagina

More common in women who have borne children. But met with in others. They may exist a long time without being discoverable.

Often frequently very small tumours seem to have more effect than larger ones - Causing more or worse hemorrhages. They may be very large & give no inconvenience except by bulk & pressure on the bladder & rectum.

There is danger when the tumour is attached to the fundus. It may bring it down & produce partial miscarriage.

Very few of the size of a walnut to that of a child's head with a neck as large as the wrist - Case.

Other disease may be mistaken for it. Prolapsus uteri is distinguished by the presence of os tumic - by its sensibility & by its growing larger from below upwards - by relief being given when it is pushed up - a polypus causing uneasiness.

when needed - ~~method of~~
Gooch rule always to apply
a ligature to a tumour with a neck
is a good one.

Sometimes, their removal
~~may~~ result from the stricture upon
the neck by the stricture

The ligature is the best mode
of removing them. Prob. B. pre-
sents the common double cornua
to any of its more complicated sub-
stitutions.

For a larger tumour the ring
probe is the best instrument

If you get away as much as $\frac{3}{4}$ of
the tumour, the rest will disappear.
You will know if you have included
the neck of the uterine by the extreme
pain produced.



21 Blank Leaves Not Scanned

Retention of memory

Retention is the act of preserving
the impressions received into the memory
without loss. It is the power of the mind
to retain the impressions of things
after they have been perceived.
It is the power of the mind to retain the
impressions of things after they have been
perceived.

The retention of memory is the power
of the mind to retain the impressions of
things after they have been perceived.
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impressions of things after they have been
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of the mind to retain the impressions of
things after they have been perceived.
It is the power of the mind to retain the
impressions of things after they have been
perceived.

after a journey you will find the
change from the ^{existing} ~~existing~~ ^{or last} ~~or last~~ ^{quality} ~~quality~~
the side of the river with the west
side south. from the north side
along the river. The river is small
and the passage is not very
easy.

The river is not very
wide. The water is not very
deep. The river is not very
wide. The water is not very
deep.

There is a small number of
houses - not many. The river is
not very wide. The water is not
very deep. The river is not very
wide. The water is not very
deep. The river is not very
wide. The water is not very
deep.

There is a small number of
houses - not many. The river is
not very wide. The water is not
very deep. The river is not very
wide. The water is not very
deep. The river is not very
wide. The water is not very
deep.

from 2 to 3 miles - the region the same
with extremely dense forest. The same
from Concord, Massachusetts - probably
the same as the one in the - official
Forest - the same as the one in the

The *Phrynosoma* is also - official
the same - probably the same as the one
from 3 miles from Concord - the same
as the one in the

The *Phrynosoma* is also - official
the same - probably the same as the one
from 3 miles from Concord - the same
as the one in the
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the same - probably the same as the one
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from 3 miles from Concord - the same
as the one in the
The *Phrynosoma* is also - official
the same - probably the same as the one
from 3 miles from Concord - the same
as the one in the

Let's speak of things as they are. It
is better to speak of things as they are
than to speak of things as they should be.
It is better to speak of things as they are
than to speak of things as they should be.
It is better to speak of things as they are
than to speak of things as they should be.

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than to speak of things as they should be.
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than to speak of things as they should be.
It is better to speak of things as they are
than to speak of things as they should be.
It is better to speak of things as they are
than to speak of things as they should be.
It is better to speak of things as they are
than to speak of things as they should be.

"Pond in Bay View, Cambridge 50

"Very large and strong, the
"dead rattle"

Stethoscope

Continued from the 1st vol. M. M. 183252

2nd Mucous rhoncus occasional

in the passage of the air through spula forming
bubbles which produce their sound by their
bursting. The spittles are ^{very large} large, ^{middle} or all
according to the size of the bubbles, also
abundant or rare according to the num-
ber of them. " Sound also in heart of
typh - though there is an indication
of water fluidity. the bubbles being more
frequent. The original, even the large & the

tracheal rhoncus is also ^{by the steth.} very

and may often be heard very loud, & is
not audible to the unassisted ear "

There too the crepitant as a rhoncus
are called moist ~~rhoncus~~ rhonci

3rd Mucous rh. a soft dull

sound - resembling the covering of a dome
or the large stop of a violinello. The
cause, are not known. The indication
also unknown. The sound varies very
much. resembles the varieties of sound
produced by blowing the nose

4th Whistling rattle - a very sharp
rattle sound - sometimes
resembles the chirping of a young bird
pathogen. of asthma

In the room, etc. but one sound is heard
but in this there ^{are} heard a great many
- as if passing over one another
that the chest is filled with young birds
The rattle is from small bubbles
The sound (rattle) is from small bubbles
to be ^{immediately} replaced by a ^{larger} part of it

5th Crackling rattle - occurs
in phlegm & pulmonary (an abnormal
inflation of the lungs - at first an ab-
normal inflation of the air cells
ultimately the cells burst and the
concurrent cell. mass is inflated
in direction. the pleura may often
be seen elevated - In another
variety the air is effused into the
cells & in between the lobes of the
lungs. In venereal or phlegm
this change is not always found
but in the interlobular or phlegm
it is very manifest

The sound, a crackling one, like the
hissing of new lock levers, or like blowing
into a dry bladder. Sounds as if water
were being dried lungs.

6th Some authors add the crepitation
sound when there are cavities, formed
from tubercles, or from gangrene or from
abscesses. The tubercular crepitation
generally continues for a time, but it
gives rise to a gurgling sound. We
have likewise the low, "anphoric res-
onance" or tubular buzzing, which
is caused by the communication of the
cavities by a small orifice. Test this
the sound made by blowing into a large
vial. There is no third
we have the pulmonary respiration
which the anphoric is a variety.
I make this a variety of the anphoric.

For persons breath so weak
that finally that it will be advisable
to request the patient to make a series of
quick respirations. Otherwise he can
not notice an increase in the sound.

ordinary, painful act of carbon's res-
piration may not slow - and he
may suppose a part to be complete-
ly unobscured ^{which will be shut to be sent} ~~which is not~~ ^{is not} ~~is not~~
to feel a quick respiration.

It will also be useful
probably to the patient to make oc-
casionally a few respirations espe-
cially at the commencement of
the resolution of pneumonia (N.B.
when pneumonia goes off ~~and~~ we hear
the crepitation caused by the air be-
ginning to re-enter the cells)

When in incipient adhesions of the
pleura we may make use of the
same means. Dr. H. B. once

He felt a sense of tearing

Emphysema will only

Patholog. Cond. of the voice

1st Tracheophony or Laryngophony
2nd Bronchophony 3rd
4th Pectorilophony

The two first are heard in health
in the lower portion of the chest however

The air of the lungs being in distinct
cells we have a compound sound
But when the lungs are ~~for~~ hepatized or
hardened with tubercles

So also if
one lung has been entirely destroyed
Case of a child - foreign body in the
lungs infl. supp. - was 5 yrs. of age,

Child recovered - from the same
The other lung was considered healthy
afterwards - a year after the child died
of scarlet fever 5th lung was in the same state

When a part of a lung is solidified
we find a dull sound upon percussion
in the lower bronchial respiration & bron-
chophony

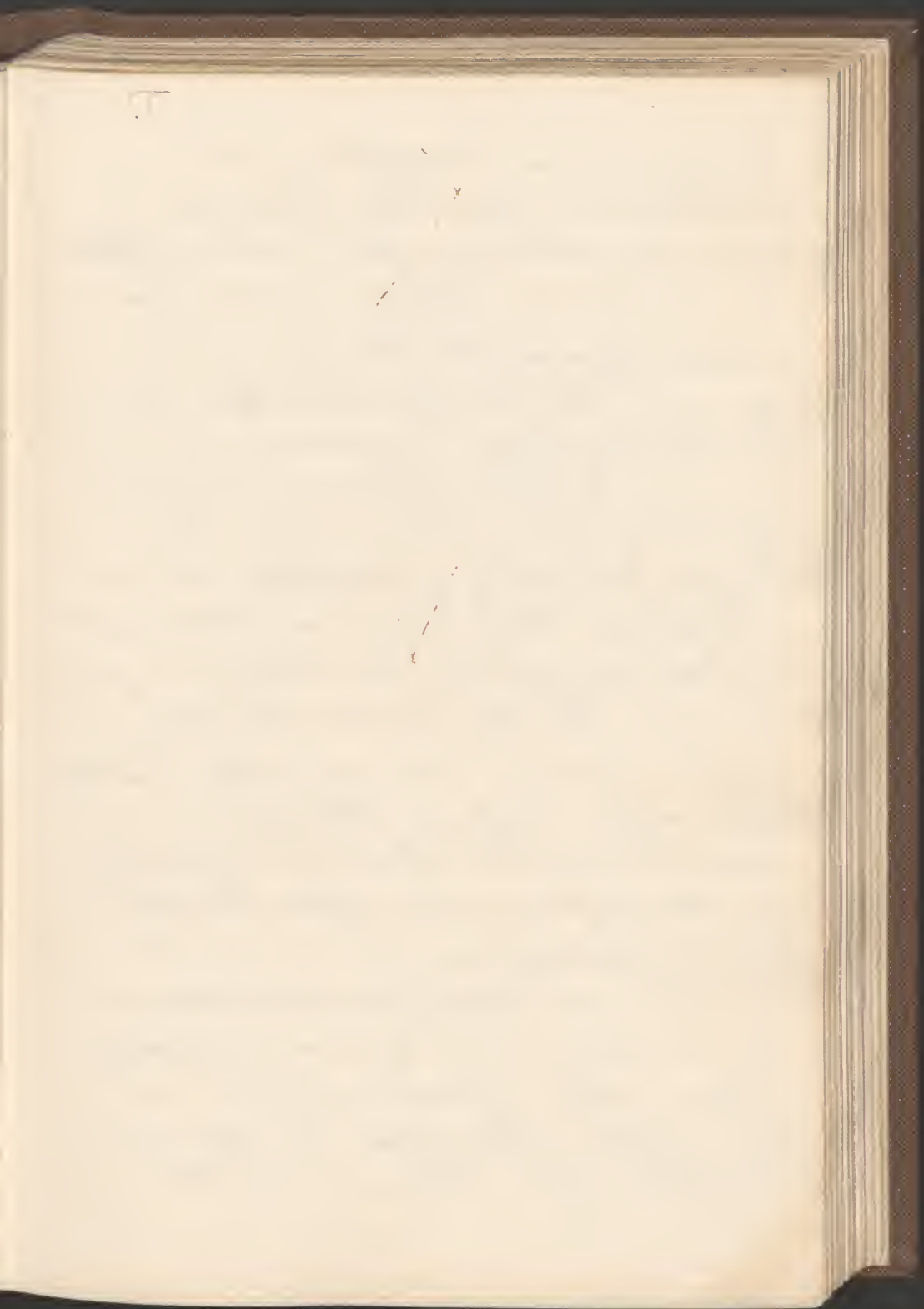
4th These begin & end the lower inflation
of the bronchial vessels as large as a button

To introduce ~~the~~ catheter
during labour the neck of the bladder
is, after much elongation, and you may
have to pass the catheter directly upwards

Next attend to the child.
Be careful that the room is warm
that the child does not take cold
to keep a cloth warmed at the fire
against the birth of the child

The body of a new born child
should be cleansed of a white waxy
substance, which resembles tar, by
rubbing with lard and wiping with
a soft cloth. Then the child, if vig-
orous, may be washed with soap & water

Others, after rubbing off the
lard, sprinkle over wheat flour or
starch



Agrophony or Hargophony
goat like - tremulous, bleating
voice, rising through the strata of flute
Pathogn. of exasperation

Collection of series (Pieris)

Can only not distinguish from
Chapt. by the inexperienced

It is a kind of off-spring voice, vibrating
on the surface of the lungs. Slightly
cylindrical form on the chest - it is
a little stethos. light (it should be a
little, it will sound like bronchophony.)

When the liquid is in use,
agroph. will be heard only at the lower
portion of the lung. But if we hear
it sound near the root of the lungs (be-
hind the scapulae) we may conclude the
collection to be large.

In strongly marked cases it
may be distinguished, by its still sharper
voice also by seeing the effect
of its voice after also, the seat of it
may shift with a change of position.

Pectoriloquy

The resonant rattling voice from within the
chest, caused by the vibration of the vocal
cords.

Caused by softened
lungs, by separation of gangrenous
eschers, by abscesses formed in any way
by openings into the pleural space, probably
& perhaps also, to the liver.

Pathognomonic principally of phthisis
& perfect pectorit. It is
seen, at the apex of the lung, & often
seen lower. It is perfect if the
voice, not seen to touch the chest wall,
of the instrument.

Double pectorit. sounds like
a graphy or is too obscure to be called
& perfect. pect. or an phonic resonance
or cavernous rhonchi will accompany it
and there will be a coarse rattle
in perfect.

If cavities exist in the
lungs, they can generally be detected by
stethoscope & before the use of the
steth. they could not as there is often

in position their region. In some
few cases the vibration conveyed will
be in perfect accordance, but it is
strange it is not able.

Pectoril. is modif. by the nature
in - clearer, & more than it
is in voice, but - though perhaps
be loud. Hence the nat. resonance
of a sharp brass voice may be clearer
than a true pectorilogy, in the acilla, for
instance, when the voice is grave. But
we can generally determine by compar-
ing the opposite sides, of the chest.

3rd is modified by the size of the
cavity - but then a cavity as large as a
pan! will render a true pectorilogy
5th by the situation of the cavity - if it
is deep in the substance, the pectoril.

be far less clear than when it is
near the surface - but when very
near, with thin collapsing sides -
we have only the veiled puff - a
low, or cavernous, tone.

4th by the shape of the cavity -
longer, & ²clearer, rounder & ³very

For a dead ^{lipa} cavity, ^{perfectly} ^{an obscure} ^{and}
empty a cartilage. ^{Raggs} Cartilage, ^{gild}
by the opening. several fistulae,
openings, all much like the same
to some extent. when the cavity is perfectly
empty. In this, the cartilage can be
filled in any & empty in other occur
due to abundance of fluidity & proper
location.

The case, in general, pathology
indicates, a cavity, but a cavity, & a great
general part. Still there may be other
signs, as an ^{obscure} ^{resonance}

Signs given by resp. & voice
1st a phonic resonance & metallic
tinkling.

2nd a ~~pressure~~ like blowing into
a tin. 3rd like striking a short
metallic rod, or a wine glass or
tin blow.

Both indicate a large
cavity with hard myocardial walls
& filled principally with air, & commu-
nicating with by a small orifice.

Each only can resp. an ph. res.
& met. tinkling are varieties of the
same. The latter is produced by
cough & speak.

Insultation of the Cough

The phenomena are intermediate
between those of the voice & the respir.

However, cough indicates excavation,
& cav. rh. c. is, under use manifest
by coughing.

After ~~the~~ ^{the} requesting the patient to cough
can obtain a full inspiration

- 1st Clavicular over the clavicle
 2nd Infraclavicular (over the clavicle) to the 1st rib
 3rd Mammary 8th
 4th Infra-mammary from 8th to cost

- 5th sternal region
 5 Superior sternal region
 6 Middle
 7 Inferior

- 8th Axillary reg. to the 1st rib
 9th Subscapular reg. for 1st to 2nd
 10 Inferior lateral reg. for 3rd to 4th
 11th Axillary reg. as prec. of scap. & above

12th Scapular space of the scap.

Formed by superior & inf. scap. reg. separated by the spine

- 13 Interscap (2 of the)
 14 Inferior dorsal (2 of the)

Disease,

Pneumonia more fatal than any other acute disease. Diff. of lungs &c. vide Good & be distinguished from bronchitis & pleuritis. Though it may be complicated with one or both.

Stages 1st Obstruction or engorgement 2nd Hepatization 3rd purulent ~~inflammation~~ infiltration

The purulent is from the blood and serum. The lungs will give a crepitate, & are, not in the inter resp. high small, accelerated, incomplete, unequal, difficult (inward), limit of range. (The exception is, in called latent, then we must observe the respiration & use the stethoscope which gives the crepitate, showing). The modification of the sound gives the character of the fluid in the (if some, in crepitate). (if blood, crepitate).

Hepatization has the same as in crepitate, atonemia, but more red - in the interior. (also in modification).

- a view of the resp. & from which resp. & from topography (it near the center of the lungs).

It health be pretty good apparently,
Dr H. has, after known one lung com-
pletely hepatized within 36 or 48 hours,
and another 6 or 8 hours, found the
disease entirely transferred to the other
lung. Generally, one lung ~~does~~
~~may~~ undergoes respiratory resolution
& the other is affected.

Sometimes, however both lungs
are engaged and, then of course
a fatal ^{asphyxiation} ~~hyperaemia~~ occurs. Espe-
cially is this the case in pneum. notha
tub. Good

Case, in which death occurred in an hour
- another in 3 hours. Such cases
hardly deserve the name of pneum. mit.
(i. e. infl.) but no definite line can
be drawn between them.

The older writers speak of termina-
tion in abscess, or gangrene -
the latter is disputed.

The truth is a regular circumscribed
abscess containing pus is not found.
Proper abscess occurs from tubercles
Occasionally a gangrenous abscess oc-
curs - In such cases we have caverni-

now lower,

By careful medication & good nursing, resolution may generally be brought about - this may occur in either of the three stages.

Resolution is effected on the affected in a few hours - days and weeks may be required.

Stethoscope says all well frequently, when resolution has commenced from the patiation, when the general symptoms show no mitigation - first we hear crepitation &c. &c.

Resolution of pneumoniae infans - Case related - pulse slower than it ought to be owing to cerebral aff. or a &c.

R. trich. 2ss. 3j trich. extract. 10 p.

38 Lubrication per every 2 hours

In the winter of 1842 we had pneumoniae acutissima. In the previous winter we had a pneumoniae which afforded no slight or no pain. The disease was rheumatic & yielded to active culture. There were all the ordinary appearances and progress of pneumoniae, viz diff. resp. &c. bloody expect. &c.

In the pneumonia of 31 ~~1852~~ we had
no exudation, rheumatism, ^{but} a subserositis.
yet ~~at~~ the disease went through the
regular stages - and there was even an
inclination to suppuration. For a
case, however, were more oedema of the lung.
According to Saenue is very rarely
an idiopathic disease. It can only ac-
cure as a hydropic disease of Catarrh
of the lungs. Good knew but little of it -
he thought it could not be distinguished from
hydrophor thoracis. It can readily be dis-
tinguished however by the stethoscope

Dr. Hooker thinks the disease has often
been misjudged. When oedema of the lung
has been found after death, it has too
exclusively been attributed to effusion just
before death. To be sure the water ef-
fusion is liable to shift or disappear and
die. But we find the same thing in
oedema of the lungs. Whether the least or more.
we have had such cases of shifting from
the lungs to the heart. Then say to
the lungs &c.

Dr Hooker thinks that 1/2 of our fatal
cases of disease are initiated in hydrocephalus.
Lectures of 30 or 40 according to the bills
of mortality, he thinks, we may say at least
120. The intellect is not in general ma-
terially affected.

Scarcely a case of even a soft lung,
if not a good one. The pathog. signs, are
progressive dullness upon percussion &
dry crepitous rales. <sup>Highly crepitous rales, as in the case of a
patient with a hypercrepitous chest, caused by fluid in large bron-
chia, in Scamney's case.</sup>

Haemoptysis.

Called also pulmonary apoplexy - It
is an effusion of blood into the substance
of the lungs. <sup>Dr. Stethoscope shows a crepi-
tus in the</sup>

Hydrops thoracis.

Good says the only decisive indication
is the situation but this can scarcely
ever be ascertained.

~~Haemorrhage~~ ^{Haemorrhage} ~~respiratory sound~~
Percussion gives a dull sound

Macrophony exists ^{in the first stage} ~~g. v.~~ In the advanced
stages no respiratory can be observed
A very rare idiopathic disease

Empyema — detected
in a similar manner

Pleuritis

It is painful difficulty of lying on
the affected side (yet the adhesions, even
the weight of the lung renders it more
painful to lie on the opposite side

There is bloody sputum & cough

Effusion of serum generally takes
place & then we have Haemophony

Frequently the effusion becomes concreted
& large and hard, sometimes cartilaginous

Quercus has observed a contraction of
that side of the chest in the young — the
lung of that side not growing so fast

Pl. Pleurodynia

Pleuralgia — a rheumatic aff. of
the intercostal muscles: relieved by
opium, acetate or some narcotic

Stethoscope shows no signs of pneumonia
thence valuable, negatively

Emphysema

1st Pulmonary or vesicular emphyse. 2nd
Interlobular or pl.

The first is an effusion of air, case,
larger & larger globules,

The second generally gives oblong or
triangular collections of air.

The crackling (crepitation) rhonchi
indicates this especially the 2nd.

Caused generally some of the vessels
of one or more of the lobes.
The case of the child who had never spoken
and in Brown's exp exhibited in physio-
ma of the lungs. Tumours &c may
have the same effect. Deposition or

tubercular degeneration or some solidification
of part of the lungs may cause an em-
physema of other parts. This is the most
common cause. But the p.p. in the
emphysema do not necessarily find
that the lungs give a crackling

The lungs are hurried and dis-
turbed respiration lips livid, from
want of decarbonization of the blood
Chesty cough, breath &c.

The thoracic signs, if are obscure - the
respiratory sound is said to be gutter
the sound of percussion is clearer however
Little has been known of this disease un-
til of late years.

Pneumothorax

Pneumothorax. Might be called
Empyema thoracis. Not distinctly
described by Aet. It is a collection
of air in the cavity of the pleura.

First mention in the subject by Storr
1703. May be caused by a
wound of the thorax - by a communication
between the bronchus & the cavity of the
thorax. by putrefaction and extrica-
tion of gas.

More or less infl. will be apt
to be caused.

Percussion gives a remarkably clear sound
Steth. gives no resp. sound on the affected
side - on the opposite side the respiratory
sound will be clearer than natural.

If there is a communication between the

causality of the pleura & the bronchiae - we have amphoric resonance - occasionally upon coughing or speaking, the metallic tinkling. This affection is caused only complicated with presence of fluid. It is however caused by the air will be apt to produce fluid. In this variety we may notice use of a hammer called the Hippocratic percussion.

Concretions of the lungs

We find them bony or cartilaginous, or chalciferous - especially in old cases of phthisis. Saenec thinks they are tubercles which have been cured.

Pulse - puls many matter upon the surface. is found more abundantly after pulse or any disease, as is phthisis - but found more or less in here there, has been no pulse many disease. Saenec thinks it more abundant in blacksmiths.

Res, & Dyspnoea want investigating. Cough's dyspnoea includes 4 or 5 distinct diseases. Sometimes we have

a debilitant cough. . . Sometimes it is caused by emphysema of the lungs

Phthisis

Most of the recent French writers restrict the term to tubercular phthisis; the latter considering it a sequel of hæmoptysis. but the latter might with more propriety be considered a sequel of the former. Hæmoptysis rarely leads to phthisis.

Good has *P. catarrhalis* - *P. aposteriata* & *P. tuberculosa*. *P. aposteriata*, with excruciations, very rare, exist in the lungs, as has been ascertained.

P. m. ex. in Paris show that necrosis of the bronchial membrane is (almost) always connected with tubercles - the question is which is the primary disease. The French thinks the latter is the primary disease.

Of tubercular phthisis

Tubercles are small tumours (tuber)

They commence greyest - about the size
of a grain of melon - (miliary tubercles)
Colour grey in adults

In examinations we may find not more
than a dozen tubercles or thousands

Tubercles are found also in other parts
of the body particularly upon the intestines
and in the liver, spleen &c.

When they become large they first soft-
ten internally - then discharge. Conde
tubercles collections of ~~non~~ non-dis-
charging tubercles

Tubercles may exist at a very
early age - 2 or 3 years. They may be
inherited in infancy. Case of a child of
3 months. They have been found in
the fetus

No one symptom is constantly
met with in phthisis. Cough, expectora-
tion, pain &c. may be absent. It is
doubtful whether the tubercles and ul-
cerations of themselves cause pain.

In this disease the physical signs
generally come too late.

The approach and recession occur
we have, mucous, strachis, cavernous,
strachis, or a pectoralogen, &c. &c.

Curability. Those who make
the least pretensions, do as well as any.

The disease may mitigate and apparently
of course in summer, & reverse again
in the winter.

It is difficult to get leave to
examine the bones of the chest.

There is no doubt that consumption
often, occasionally cures, as shown
by the following examination.

Affections of the heart

Report of the body is subject to a great
variety of affections. Consumption
produces the first valuable work.

An enlarged heart will be di-
cated by percussion. Though the pericardium
distended with water will give
the same sound.

When examination is taken
I have found the heart & jugular
10 of the regularly so.

2nd the steth. is still better & also shows new phenomena

1st sound

2 in position of shock

3 extent ^{of the chest} generally at the pericardium & a

4th rhythm

1st B. the stethoscope is held to a number of points duller & longer than others & sharper. The former is associated with the pulse

2nd as a rule the ear is held at the base of the first sound. In children & thin chested persons it should be held a little higher in pulse

3rd extent generally as usual. In but few cases we have more than an inch of extent - the extent is increased by lying down & vice versa

4th rhythm i.e. order of succession - no receiver much attention cannot be thoroughly explained as to its causes. Still valuable indications may result from it

Quinn says the first sound is produced by the systole of the ventricle - the second

when the auricle contracts then a
period of repose - so that the of the
time is occupied by a state of repose

In 1828 Mr. Turner maintained that
the auricle contracted first - and was
followed immediately by that of the
ventricles ^{so} that put together cause the
beating of the heart ^{Mr. Turner}
and so thinks the second sound ^{made} by the
beating of the heart is a diastolic agan-
ist the uniauricular. Many other
hypotheses have been advanced since
the first concluded. Laverne's hypothesis
to be refuted. A later hypothesis
explained the diastolic sound as arising
- it is the sound caused
by the striking together of the sides of the
ventricles but then the ventricles are
never empty

Dr. Hope has published lately a large octa-
vo volume on this subject.

^{1st} the auricle contracts immediately
before the ventricles and the heart is
in a state

2nd The extent of the muscular contraction
is very variable & incomplete.

3rd The ventricular contraction, the cause
of the impulse coincides with the pulse
at the wrist.

4th The impulse is made by the apex of
the heart.

5th The contraction

6th The ventricle does not empty then return
7th

8th After the diastole the ventricle is in
a relaxed state.

1st Cause & caused by systole 2nd by the
diastole of the ventricle.

Rhythm 3rd a regular & good contraction
4th

5th is elastic

4th The region towards the lower end of
which muscles begin to contract

5th - Hope attribute the source to the
agitation which blood in the ventricle

6th Hope attribute the source to it
active dilatation of the heart

7th elastic

1st murmur aortic systole
2nd immediate, followed by ventricular
systole - 1st murmur

At 41. the 1st murmur produced
by the closure of the aortic vent. valve,
& the second by those of the arteries.

The sudden arrest of the regurgitation
causes the sound.

The sound occurs at the time of
the closure of the valve.

None of the sound is such a,
might be expected from it striking to-
gether of the valves & the sudden check
of the regurgitation - hence the second
sound is like the lapping of a dog or
the snapping of a whip.

The second sound (by the aortic vent. valve)
is more gradual as it should be also
the sound is more dull.

Dr. Hooker thinks the first sound
is caused by more than one circumstance
The impulse also is caused (he thinks) by

The apex of the heart is also by an in-
termit abrupt succussion caused prob-
ably by the aortic valve falling on the
reaction of the chordae tendineae when
closed. so as upon the whole mass of the
arterial valve

1st The ^{thick} ~~thick~~ 2nd The presence
of the sides of the apex of the heart. It
is one

Hence the second sound
is heard lower down than the first ap-
posite the apex of the heart the sound
being conducted by the dense contractile
myocardium coinciding with the im-
pulse

The first sound

1st Hypertrophy of the heart -
the larger the ventricle the louder the
sound is ^{stronger} the pulse ^{stronger} the sound
more prolonged less sharp - because
the valves close less readily

2^d Dilatation of heart muscle
thinner but contract more
rapid, - but less strongly - so that
it can become protracted rally,
abrupt, & very sharp

3^d In a high degree of hypertrophy
the sound is scarcely perceptible

4th Contraction of the infundibulum
of the heart

5th Part of the heart the bellows, the rasp
& the buzzing murmurs - all varieties
of the same. Caused generally by
diminution of size of cordae infundibuli,

but often by regurgitation (perhaps
more frequently). The murmur
may exist before death for months & yet
be seen after death as disease of heart

It is not observed after an abortion

6th Heard in the arteries of the placenta
Slight derangement to lower may exist about
the valves, and not be detected by
dissection e.g. relaxation of chord. tend.

7th I have found that excessive degeneration causes
the bellows murmur - from this cause -
as similar in dilatation of the heart

Causes

Causes of the following are produced by
imperfect closure of valves.

It must be rare. I remember
the second and 3rd arterial valves
are rarely completely ossified.

Simple dilatation of heart

Usually the heart weakened in
^{respiration} but (according to the general law) acts
quicker pulse quick in respiration
the colored extremities & cold
& pale & swollen legs. There are affecting
symptoms of the general affection.

If the ~~heart~~ ^{left} ventricle is dilated
& the right healthy the lungs are
represented edema &c.

If the right sides of heart are dilated
the left continues healthy, we have edema
of extremities congestion in brain.

a pathognomonic swelling of jugular veins
(A. B. pulsation of jugular)
is produced by imperfect closure of the tricuspid
valves
Manual examination

strongly enlarged heart but not clearly
at the side is affected

Heart dull. gives a feeling, ^{implying} shorter
sharper; cleared sound the extent
of the sound is increased even extending
to the cervical & axillary & axillary
region

Generally, both sides are affected
but commonly one side more than another

The early stages of dilat. can scarcely
be distinguished from ^{normal} palpitation of
the heart

(Apply stethoscope
carefully, to prevent further delay &
alarm and excited by it A.B. gives
with rapid & irregular throbbing
which pulsation gives more certain signs)

The bellows, however is generally
a sound ~~often~~ caused by an imperfect closure
of the aortic & mitral valves

Now Lacombe would lead the learner
to suppose that increased clearness of
sound at the base is distasteful. ^{A.B. H.} ~~then~~
the dilat. is excessive the sound is, of course
or superseded by the loud bellows
sound

The stethoscope gives no signs of
dilatation of the auricles. (Laurier)
a mistaken - he, a note in the lungs,
is nearly a perfect one.

Hypertrophy

Noted a case of ~~hypertrophy~~
dilatation of heart with the chain of its
pericardium. Excessive growth
Weight increased.

1st Concentric, 2nd Eccentric &
Simple hypertrophy.

1st Concentric - the growth is even
on all sides & diminishes the cavity
Simple. - is growth on two sides, rarely
Eccentric - is dilated & grows on ^{the ventricle} ~~the~~ sides
also (vide Boston) Corvisart
is a generalised one with the ~~ventricle~~ ^{ventricle}

The two former occur more fre-
quently in children & are frequently
Congenital (Specimen exhibited of
a congenital concentric hypertrophy - A.P.
The heart was larger than the child's fist
larger than natural - walls enormously
thick - cavity almost obliterated)

A. B. open foramen ovale is given
as a cause of such cases - but probably
the hypertrophy is the principal evil.
The for. ovale is generally open for
3 weeks after birth

The child above is restless from
birth - her mother from umbilical
arteries (caused by strong power heart)
Pulsation very strong - great
effusion in the cavity of pleura -
Theologic pleurisy - Child
remained all the while fast to stand
to get head for right side of lower
thicker - large effusion - lungs

Today again in pleurisy, found
all over the body

The apoplectic habit especially,
is disposed to hypertrophy - but
sometimes they the squamous & robust
have dilatation, & the fulber co-
electric have hypertrophy

Dilated in hypertrophy, strong
& slow (& strength of heart without)

quickness as above) Right side
is hypertrophied if lungs are affected
little; the head will be
affected with signs of apoplexy.

Stethoscope gives a slow strong
dull prolonged heavy impulse of
sound in the left ventricle about
the 5th & 6th ribs - in right
about the 4th & 5th ribs

Excentric hypert.

by no means uncommon - occurs in
adults - in children also sometimes
- Dr Duncan found one weighing 32 oz.
(nat. weight is about 10 oz. length 4 1/2
& 5 in. broad)

Stethoscopic signs are a
union of dilat. & of simple hyper.

in pulmonary extension - sound harsher
& duller! (more obscure in
its signs)

Polyptic

Coagulable lymph - questioning whether
formed before death or at death - more
common in children

Notes of Prof Knight's Lectures,
copied principally from Mr. Osgood's
notes

Curvature of Spine

Polypus were very remarkable last
winter during the hydropneumatic
specimens shown extending throughout
as far as the radius

Stethoscope to fractures
gives a more distinct & precisely
located sound

Stethoscope in pregnancy
Gives first & the pulsation sound of
fetal heart - the 5th. showing pulsation
through the placenta (a bellows sound)
of the placental arteries which is syn-
chronous with the pulse of the main
Both are audible to the stethoscope & to the
ear. The stethoscope is preferable for

Consideration of convenience & delicacy
Placental sounds heard above the
fetal heart heard below the
end of the umbilical cord - the predicted time.

Fracture of clavicle

Mistake often made in supposing that the sternal end rises, & is depressed consequently, to keep it down.

It is the acromial portion which requires to be kept in place

Dislocation of last phalanx of thumb.

Instead of vainly endeavoring to make sufficient extension bend the phalanx back almost to a right angle - thus get one edge to catch upon another & then reduce by the lever principle

Bending of the long bones in children

Prof. H. has met with frequent instances of this in children - a fracture perhaps on the convex side - Symptoms distortion with stiffness &c.

Fracture near the head of the long bones of children, occurring near

in a part not ossified, yields no resist-

disputation of the last or third
phalanges of the fingers & toes,

When swollen your knife may slip
by the joint & cut into the soft flesh
of the ultimate extremity & deceive
you - be on your guard.

Ossiferous

The bones represent the neck as larger
in all & they they account for fractures
there - But both the circumference
& the diameter from above downwards
is in fact greater

The body of the bone may be
destroyed by disease and the epiphyses
remain

Tibia

When you see a broken tibia bear in
mind the natural lateral curvature
of its anterior edge

Ankle joint

Dislocation backwards and forwards are
rare occurrences. Disl. in w. acc. with

foresh. of int. mall. - Disloc. metatarsus
generally accompanied with fract. of fib.
13 - way upwards - Superior frag-
ment of fib. retaining its nat. position

Tarsus & Metatarsus

Tarsal bones very rarely dislocated
except in the fracture of met. bone 1st.

Prof. K. has been informed on good
authority of one or two instances

In amput. foot at tarsus - bear in
mind the uneven line caused by the pro-
jection backward of the second met. bone
Near the ^{articulation} anterior ends of the
fibula with the astragalus, and a little
before it there is a small cavity be-
tween the anterior ends of the astragalus
impl. or callus which can be readily felt
through the integuments. This often, almost
intentionally filled up in specimens, & often
mistaken for a dislocation of a tarsal bone

In amputating at the tarsus the
lateral marks are the projection of the
^{internal} curved bone & the projection of the
metat. bone of lit. toe. The former has

a bursa on its top, which is liable to
effusion and swelling from pressure as
of a boot caused by abstracting the pres-
sure. The project of anastomosis
bone of lit. the other mental
patients for something wrong

Graiss of ankle joint
They are affection of the ^{tendons of the} ligaments, mus-
cles, & the affection is either an injury
of the tendons themselves, or a displace-
ment from the sheath of those of the
external ~~lower~~ muscles

Calf of the leg
Soreness, long continued, & lameness
Caused probably by separation of mus-
cular fibres from tend. of gastrocnem.
It has been attributed injury of tendon
of plantaris

Wrist - hand - fingers
Pain formed under the brachial aponeu-
rosis may point in the palm of the
hand. The tendons of the fingers are

at first in one common sheath - ~~after~~
then ~~they~~ ^{they} separate in order to go to the
several fingers. In laboring men
these separate tendons sometimes adhere
to their sheaths causing a curvation and
stiffness of the fingers and a prominence
under the skin when the finger is bent
- tendon feeling rounded and harder
than natural - ^{this is} not mentioned in
the books

Ear - diseases of

I always examine for cerumen in cases
of deafness, by thrusting the ear, says
strongly in to the ear. Deafness pro-
bably Cause occurs oftenest in elderly
people. The wax gradually accumu-
lates, but deafness does not occur
until the closure is complete.

Sometimes there is a thin coating of ce-
rum over the membrane type. - de-
stroying ^{the} shining appearance which it
still presents when healthy. The lining
cuticle of the e. t. auditory canal, in-
stead of secreting cerum may secrete

purs without abrasion of surface

When the Gasterostium tube is closed
punch the max. b. type. in the
lower and anterior part, to avoid the
small bones - not piercing so much as
a quarter of an inch through

Insects in the ear will be destroyed
by lin. oil. Can plug. Thorough bed-
its may generally be removed by a
syringe. Case - a small stone closely
fitting the cavity. Col. Blake pushed
through a tube a piece of cotton dip-
ped in an alcoholic solution of shell-
lac - when the alc. had evaporated
the stone was readily drawn out by
means of the fibres of cotton

Diseases of the bone ear. Ulcer-
ation may take place in the same
parts of the bone. If the small bones
are destroyed hearing will remain - but
if the labyrinth is destroyed, hearing is
lost.

Puncta Sacrynalis

The course through the superior puncta
is the most direct. Exceedingly dif-
ficult to introduce a probe.

The puncta - half the time we do not
pass the probe into the sac when we
think we do.

Coercing

Prof. Knight refers the posterior
operation for depression.

The lens is always depressed
into the vitreous humor - there is not
room in the posterior chamber of the a-
queous humor. Be sure where the
needle far enough behind to avoid
the ciliary body.

Laceration of capsule of lens
is performed anteriorly of the aqueous
humors entering ~~the~~ through the o-
pening made by laceration, absorbs
the lens.

Foreign bodies in the nose
are generally in the lower sometimes
in the middle meatus

Tonsils or glandulae amygdalae
are between the palatal half arches
are often enlarged. Their mucous
surface are ~~occasionally~~ occasionally filled
with a semi-purulent, or a creamy
matter which may give their sur-
face the appearance of an ulcer-
ated one.

Throat - foreign bodies in
These when in the aerophagus are either
at its upper extremity in the roof of
hull cul de sac formed by emboss
of the larynx by the pharynx
of the pharynx. or they may be
swept out by the fingers - or they
are at the cardiac orifice of the
stomach. In the former case they
may often be seen & if we intend with
finger we must be careful not to mis-
take the projecting horns of the os hyoides
for foreign bodies

Prof. K. has known it an ulcer to eat
through the fold of membrane which
extends laterally on each side of the
epiglottis, so that the passage to the
larynx could not be protected &
death ensued.

Trauma Linguae

The tongue is now bound down by
this fold of the muc. mem. in some
circumstances than in others. If it is neces-
sary to divide it, let the incision be
made near the floor of the mouth, to avoid
the ranine arteries. The inflamed
under body seen under the ^{parts of the sublingual} ~~membrane~~ and only.

Uvula

when enlarged may occasion a dangerous
Chronic Cough. Its removal ^{is sometimes} but never
has followed by worse consequences
than a slight subsequent hoarseness.

Venesection

The basilic vein is apt to be a rolling vein. The cephalic is apt to be small and deep seated. The median is most superficial & most deeply seated firmly fixed. In order to be sure of avoiding the brachial artery feel for it. The ^{position of the} superficial nerve we cannot calculate on and one is to blame for wounding it. Prof. S. is in error, about the dangerous consequences of wounding it. Avoid breaking the tendinous expansion of the biceps - wfl. there will be troublesome

Flexors and Extensors

The extensors are the strongest - but the flexors of the legs are the shortest so that they are completely at rest only when the legs are flexed - because we lie and sit so much.

Bursae mucosae

There is one on the anterior surface
of the patella - & one on the olecranon.
There is one under the
tendon of the rectus femoris which
~~does not~~ ^{always} communicates with the
knee joint. There is a corresponding
one below the joint which sometimes
is separate from it

Knee joint

There sometimes occurs after a fall
or other injury an inflammation of
the joint, with violent pain and
swelling & requiring many weeks for
recovery - the Cause of which is un-
known (acute infl. of P. of the knee?)

Some have thought this effect caused
by laceration of synovial memb. art. co.
or by fract. without displacement
P. of K. has had 2 cases

Carpotum of Spine

First symptom may be a clipping of the back from one ~~side~~ shoulder - or a projection of the lower angle of one of the scapulae, mistaken for a tumour and sometimes poulticed &c. for a long time - the one hip may project.

The first curve causes a second compensating curve, to preserve the balance of the body.

Examine for a vertebra by means of a string stretched along the spinous processes. The ^{plain of the} ~~original~~ curve will generally be indicated by tenderness or pressure. Cured by strengthening the muscles by exercise.

Spina bifida

Congenital It has been proposed to puncture the tumour this may be done by a small orifice - but a fatal infl. may ensue. If the tumour communicates with the brain, pressure on it will produce symptoms. ^{66.} Pressure on the brain.

Circumflex arteries

In opening abscess about the knee or elbow joint you are very liable to wound ^{deep} some of the numerous circumflex or recurrent branches. Hence make a good incision that you may be able to tie an artery if necessary.

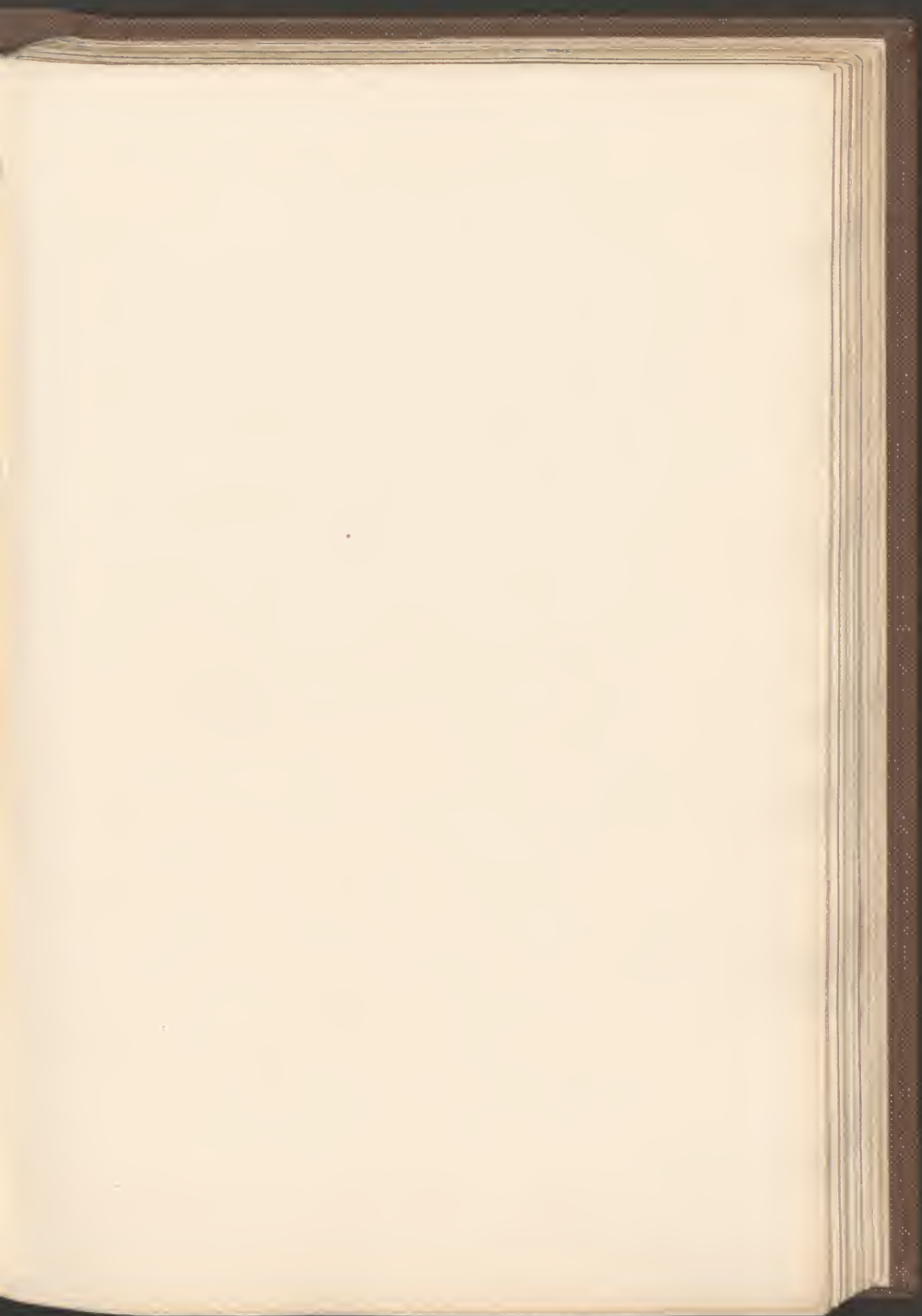
Arteriotomy

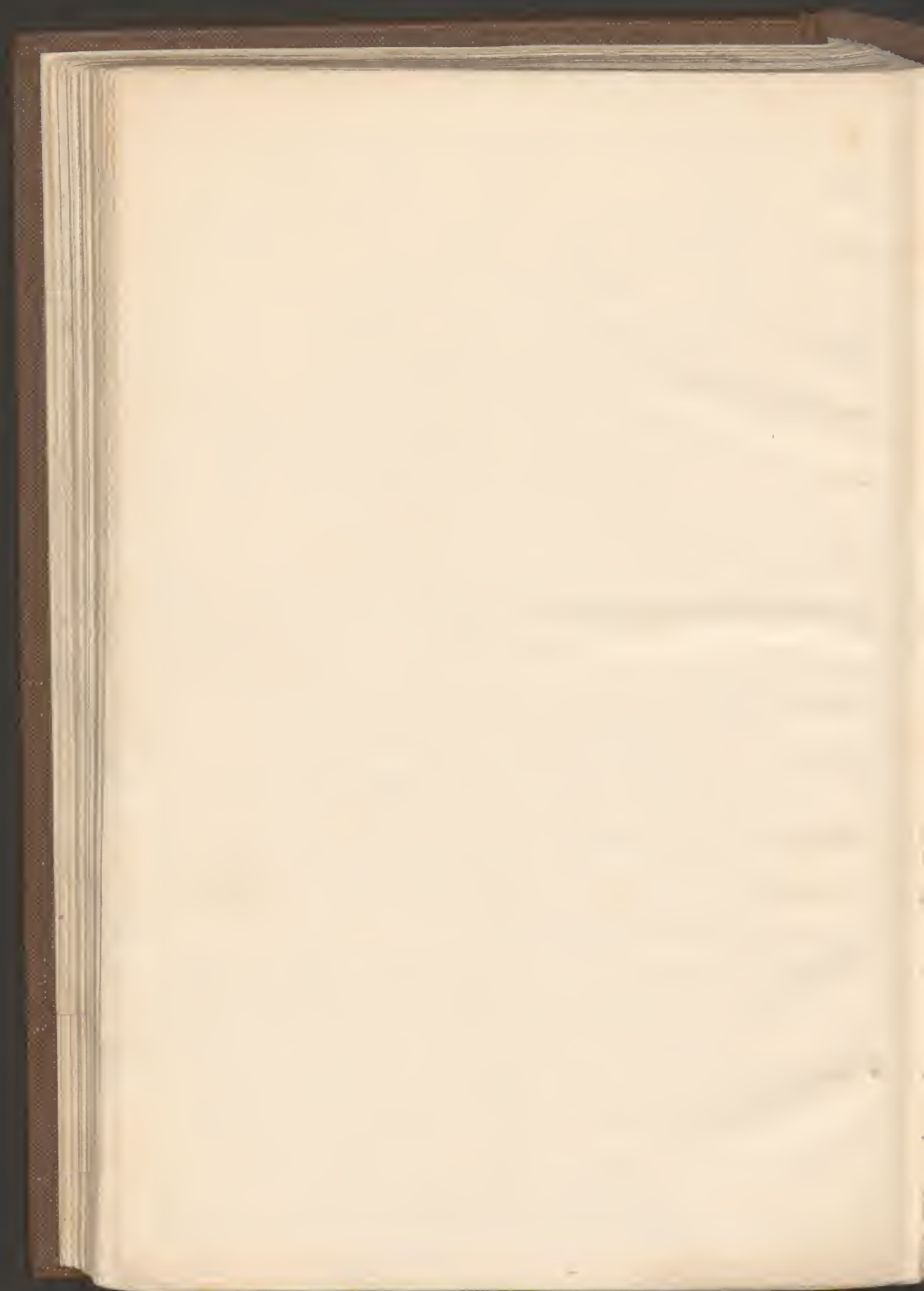
is performed on the temporal art.
Do not feel under the finger much larger on a deeper surface than they really are. The artery should not be completely divided. It is cut to hit it longitudinally - hence a ~~make the~~ incision ~~trans.~~ obliquely.

Local depletion

may be serviceable in local infl.
Case. - wound of the hand. The divided artery had regular periodical attacks of bleeding for a while and then ceasing for a few hours. This proved an independent local action.

Mem. Dated at ... of
... side of ...
... to ...

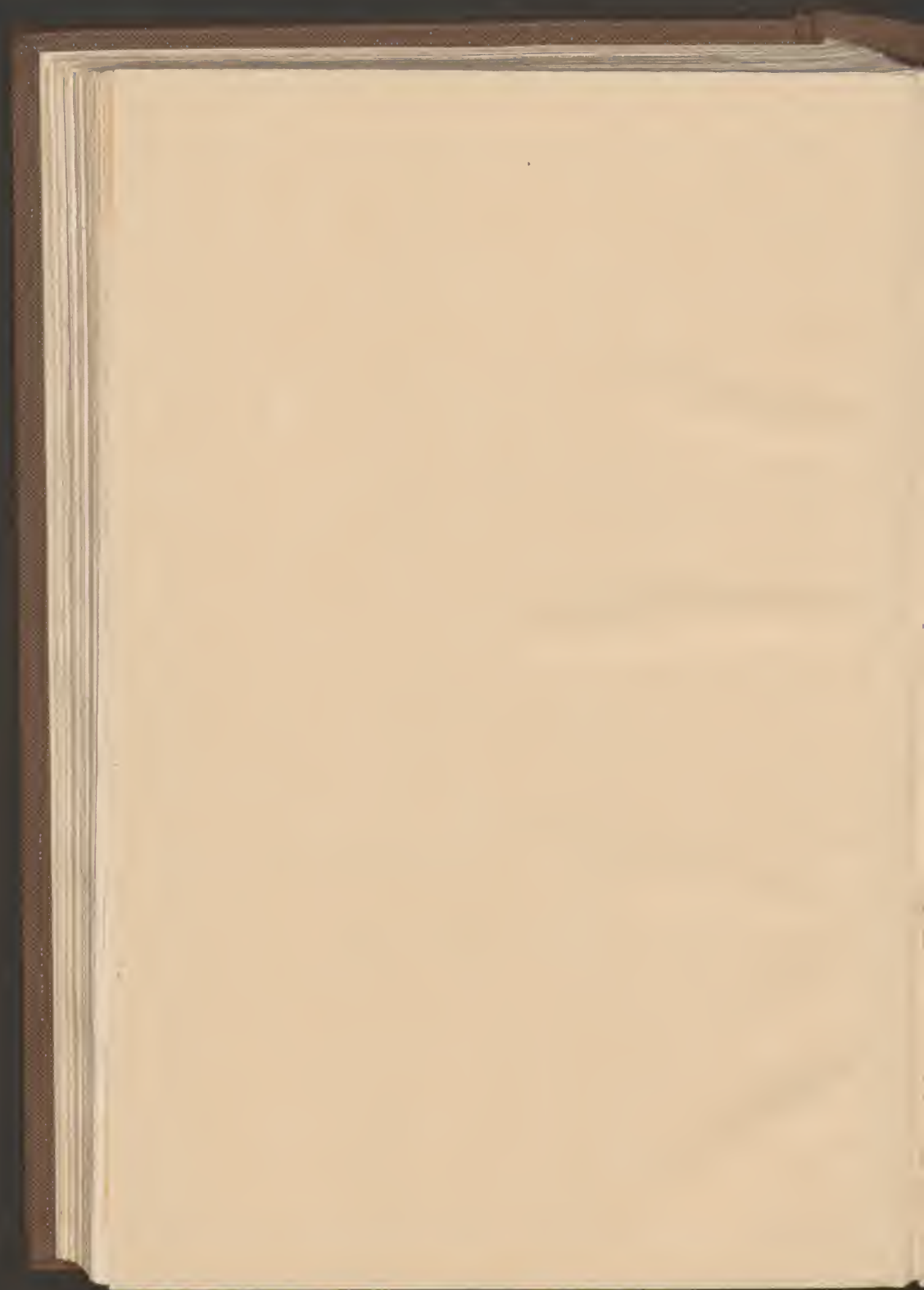




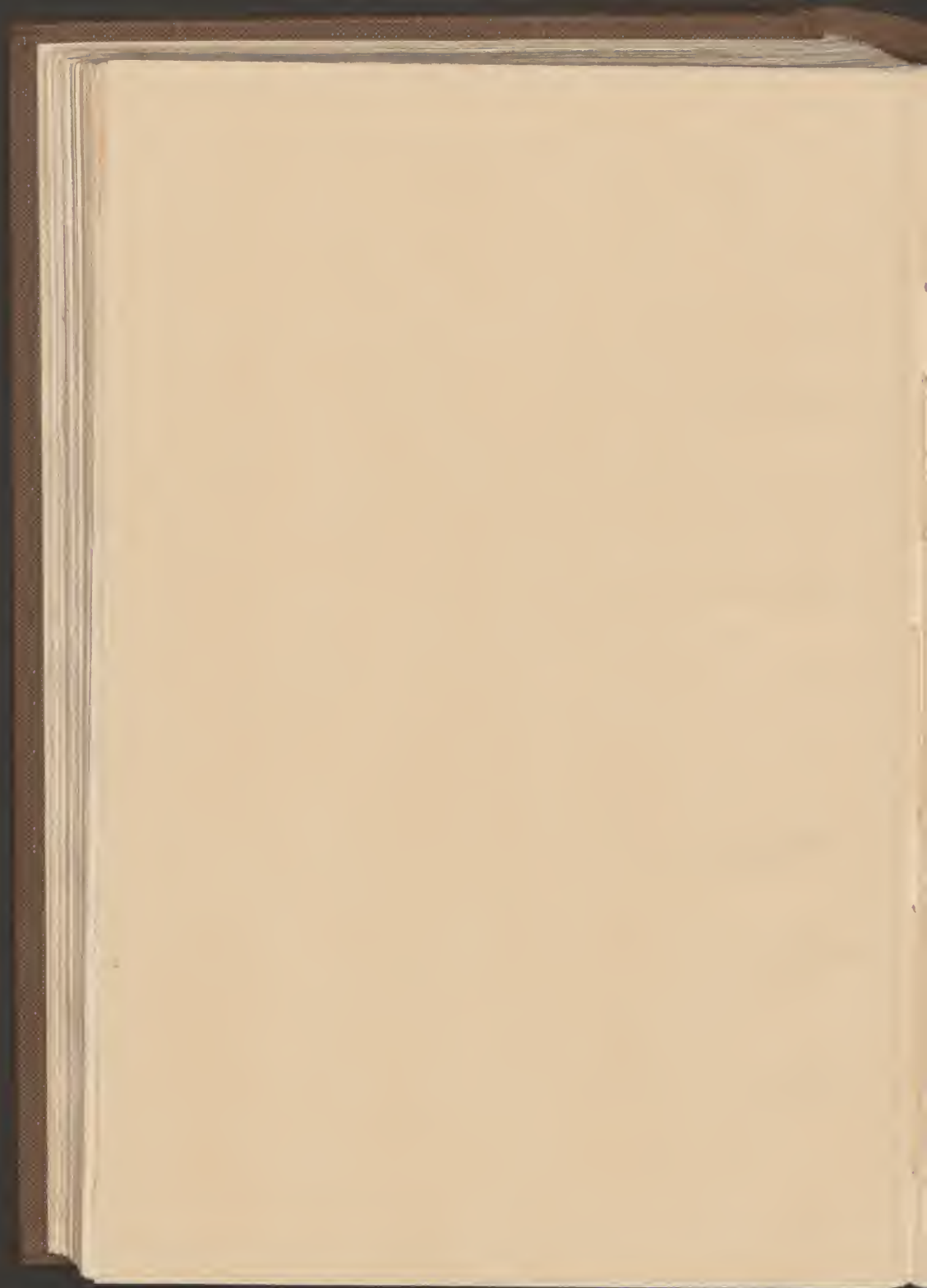
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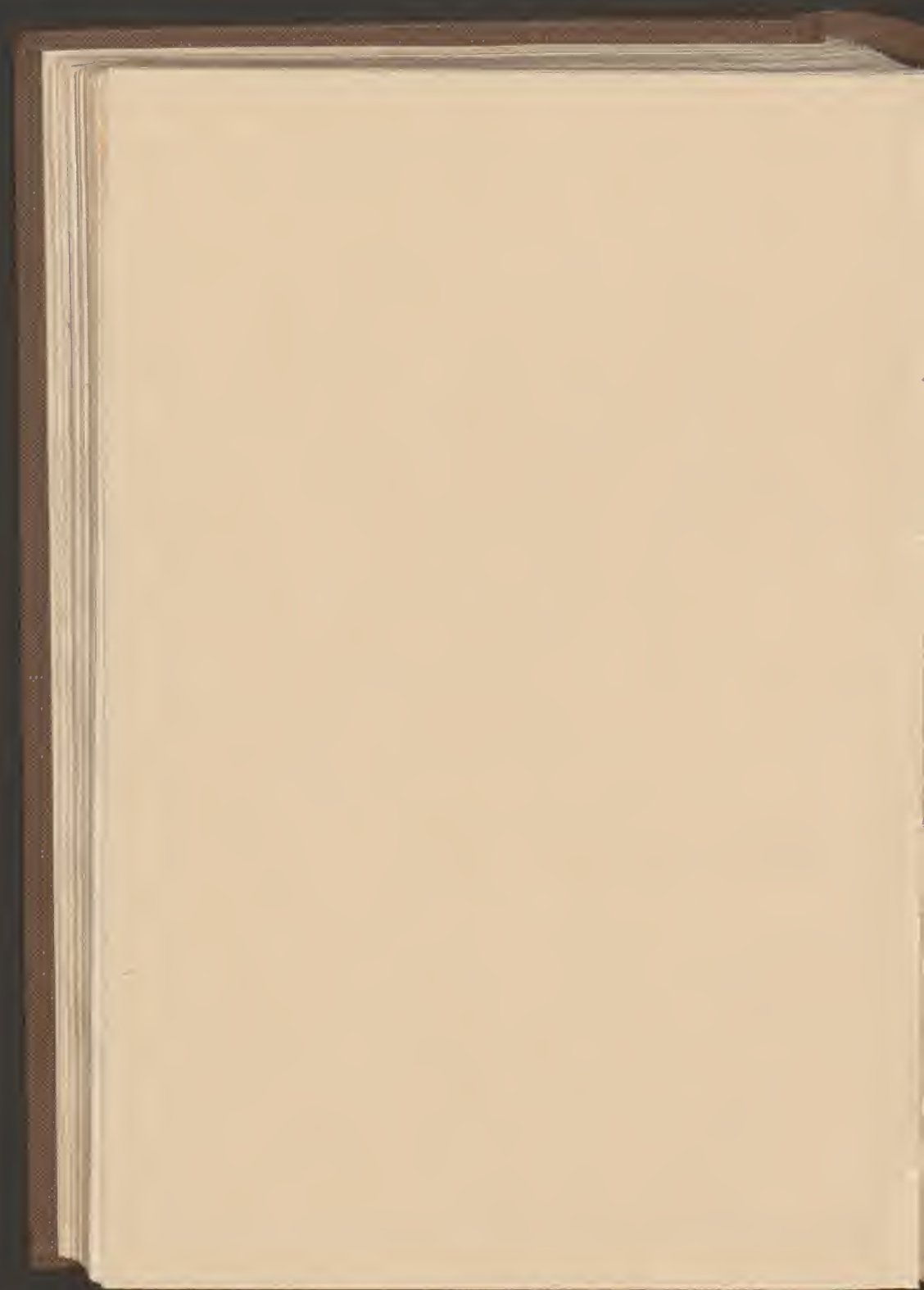


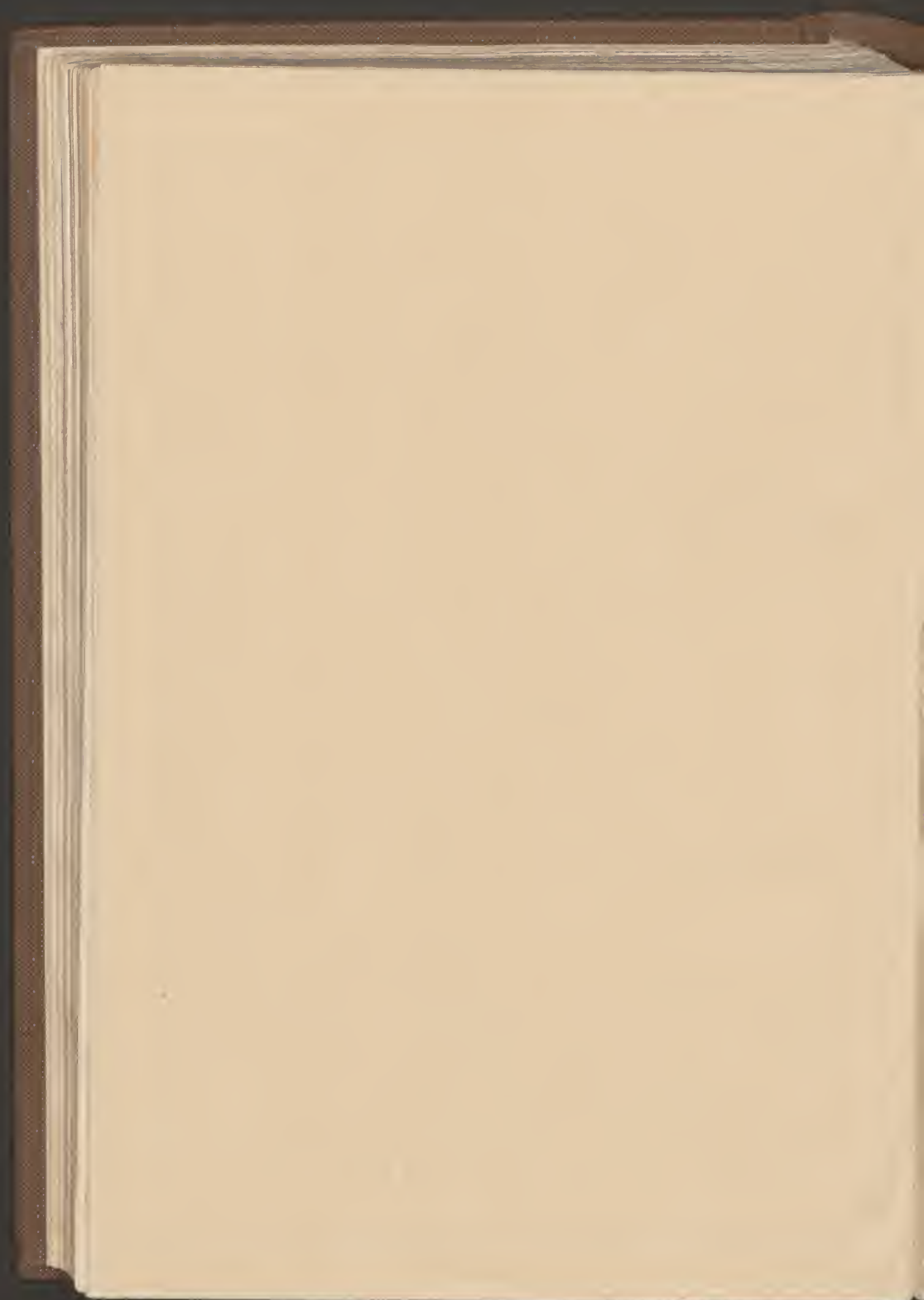












Ives. Tully. Vol. 5.
National Library of Medicine
Bethesda, MD

Condition On Receipt: The half leather and decorated paper binding was extremely dirty, worn, abraded, deteriorated and powdery, particularly at the corners, edges, endcaps and joints. The joints and internal hinges were partially broken. The sewing was loose in places, and several of the pages were detached from the text block. The pages were torn, dirty, discolored, acidic, weak and brittle. The manuscript inks present were acidic and varied in intensity.

Treatment: The volume was collated and disbound. The inks were tested for solubility. The head, tail and pages were dry cleaned and washed and then buffered (deacidified) with magnesium bicarbonate solution. Tears were mended and folds guarded where necessary with Japanese paper and rice starch paste. The volume was sewn on linen tapes with linen thread. Windsor handmade paper ends with a linen hinge were attached. The volume was case bound in full cloth. Title information and lines were stamped in gold foil onto the spine.

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